#### **DIVISION OF REGULATION**

180 Howard Street, San Francisco, CA 94105

legalspec@calbar.ca.gov 415-538-2120

#### LEGAL SPECIALIZATION APPLICATION FOR RECERTIFICATION

## When is my application due?

The application is due on or before the end of your current certification term. Applications may be submitted in advance but no earlier than six months prior to the end of your term. You can find your current certification term by going to <a href="Specialization Certifications">Specialization Certifications</a> after successfully logging into the <a href="Admissions Applicant Portal">Admissions Applicant Portal</a>.

#### Have I included the correct fee?

A \$350\* processing fee, payable either via check or credit card to the State Bar of California, is due with the application.

#### What happens if I don't fill out my application correctly?

If your application is incomplete or if any information provided is insufficient, you will receive notice to correct the deficiency. If you fail to correct the deficiency within 60 days from the date of the notice, the application shall be deemed withdrawn without a refund of the fee. We may request additional or supplemental nonconfidential information in order to show compliance with recertification requirements.

## **INSTRUCTIONS FOR SELECTED QUESTIONS AND ATTACHMENTS**

#### APPLICATION FORM

#### **Personal Information**

Enter your official State Bar name and address of record. This is the information that appears in State Bar Licensee Records. Use the State Bar's <u>Attorney Search</u> to verify the information is current. If the information is not current, you must update your information pursuant to Business and Professions Code section 6002.1, through <u>My State Bar Profile</u>.

Please be aware that all correspondence will be sent to you at your official address of record registered in the Applicant Portal.

### Discipline

Section 3.113 of the Rules provides that the California Board of Legal Specialization may take the following into account in considering your application:

**Final disciplinary actions** imposed for professional misconduct by any court or body before whom you appear. Include: (1) title of disciplinary action; (2) action number; (3) nature of charge; (4) nature of sanction; (5) date sanction was imposed; and (6) date sanction was terminated. For nonattorney professional discipline (e.g., accountancy), provide information similar to above.

Felony convictions. Provide the case number, title, date of conviction, and where it was filed.

**Resignation** from any State Bar, court, or body before whom you appear. Provide the name of the entity, the effective resignation date, and the reason.

**Judgments of professional negligence.** Include only if there were three or more judgments against you during the certification term. Provide the case number, title, date judgment was rendered, and where it was filed.

**Sanctions.** Include only sanctions, other than discovery sanctions, of \$1,000 or more. Provide a copy of the order.

**Findings of contempt.** Provide a copy of the findings.

#### **ATTACHMENTS**

#### A. Task and Experience Requirement

Refer to the Standards for your specialty area for the specific requirements.

#### **B.** Education Requirement

Note that you do not need to submit any education with this application. Your Legal Specialist Continuing Legal Education (LSCLE) is reported along with your MCLE Compliance Group, rather than as a part of this packet. For additional information regarding LSCLE reporting, please review the MCLE Requirements for Certified Specialists.

### C. References

When listing a reference, please include the attorney's bar number. Use the <u>Attorney Search</u> to find an attorney(s) or judge's bar number.

#### **CHECKLIST**

Have y	you:	
	Read the declaration?	
	Provided all information requested on the application	on and attachments?
	Signed and dated the application?	
	Attached additional sheets if you needed more space	e?
	Put your name on the top of all attachments?	
	Made copies for your records?	
	Enclosed a check/payment information for the appro	opriate recertification fee*?
SUBMI	ISSION INFORMATION	
Mail to	o:	Fax to:
The State Bar of California 415-538-2180 Legal Specialization 180 Howard Street		415-538-2180

#### **RESOURCES**

San Francisco, CA 94105

- Please refer to the Standards for your specialty area as you complete the application and attachments.
- The Rules, Standards, and list of approved legal specialization education providers are available online at http://www.calbar.ca.gov/.
- All California licensees already have an account on the Applicant Portal, which is separate from your login credentials for My State Bar Profile. You should not create or register a new applicant portal account. Please see our <u>Applicant Portal FAQs</u> or let us know by emailing us at <u>legalspec@calbar.ca.gov</u> if you have any questions or need assistance logging in.

All unsuccessful payments will be assessed and administrative fee equal to the amount charged by the State Bar's banking institution or \$20, whichever is greater

For credit card payments, a processing fee of 2.5 percent will be added to all charges. There is no processing fee associated with payments by check.

<sup>\*</sup>You may submit payment of the \$350 processing fee via check or credit card.

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## APPLICATION FOR RECERTIFICATION Family Law Certified Specialist

Filing Fee - \$350\*

\*You may submit payment via check or credit card.

Note the recertification fee is separate from your Legal Specialization Program Annual Fee.

Name: _				Bar Number:
Phone: _				
Address:				
				Zip:
any add Admissio	ress changes. A	_	ll be sent to the curr	the Division of Regulation of ent information on file in the email provided below.
		o change your address missions Applicant Pol	•	hone number on your own
NOTE: Togin cre	ng into the Add The Applicant Pedentials. You	missions Applicant Pol	rtal and updating yo your My State Bar F egister a new accour	whone number on your own ur profile.  Profile, and requires different nt. Please email Legal
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NOTE: Tologin cresspecialize	ng into the Add The Applicant Pedentials. You s zation at <u>legals</u> Idress:	ortal is separate from should not create or repec@calbar.ca.gov fo	rtal and updating your My State Bar Fegister a new account assistance logging	whone number on your own ur profile.  Profile, and requires different nt. Please email Legal into your account.
by loggii  NOTE: T login cre Specializ  Email Ad	the Applicant Pedentials. You station at legals  Idress:	ortal is separate from should not create or repec@calbar.ca.gov fo	rtal and updating your My State Bar Fegister a new accourance rassistance logging	whone number on your own ur profile.  Profile, and requires different nt. Please email Legal into your account.

DD	PRACTICE REQUIREMENT						
ı	I have been engaged in the practice of family law for at least 25 percent of the time spent in my occupational endeavors during the previous five years						
		F NO, PLEASE EXPLAIN O APPLICATION	N A SEPARATE SHEET AN	ID ATTACH TO THIS			
ΞN	IPLOYMENT HISTORY			_			
	= -	olete statement of my ement first. ATTACH SEPARA					
	☐ Check here if addition	onal sheets are attached.					
	Dates of Employment	Employer	Address	Nature of Employment (summarize nature of work performed)			

DISCIPLINE ————————————————————————————————————				
Within the five years immediately preceding submission of this application	<u>.</u>			
Were you disbarred, suspended or disciplined by the State Bar of California or similar attorney disciplinary authority or any other authority that imposes professional discipline in California, or in another state or jurisdiction, including a foreign jurisdiction, or by any bankruptcy court, or do you have any discipline pending?		Yes		No
Do you have any discipline charges pending as described above?		Yes		No
Did you have any felony convictions?		Yes		No
Did you resign from any bar, court or body before whom you appear?		Yes		No
Were there three or more judgments of professional negligence against you? (If yes, please attach the relevant documents.)		Yes		No
Were any sanctions, other than discovery sanctions, entered against you by any court or body before whom you appear?		Yes		No
Were any findings of contempt been made against you by any court or body before whom you appear?		Yes		No
IF YOU ANSWER YES TO ANY OF THE ABOVE, YOU MUST PROVIDE FULL DET SEPARATE SHEET. A record of discipline or failure to disclose any of the inforequested above may constitute grounds for denial of your application.			1	

#### DECLARATION

I hereby authorize all educational institutions, governmental agencies and instrumentalities (including bar associations and bar examiners of other jurisdictions), employers and business and professional associates (past and present), to release to the State Bar of California Board of Legal Specialization (CBLS) and/or its agents or advisors any nonprivileged information, files or records requested by them for the purpose of processing this application. The foregoing release does not apply to matters communicated by me in confidence to any lawyer, spouse, physician, psychotherapist or clergyperson for which I have privilege of nondisclosure under the provisions of Chapter 4, Division 8 of the California Evidence Code.

I further authorize the CBLS to conduct independent inquiry and review, including contacting the references I provide and other references within the discretion of the CBLS and agree that neither I nor my agents will seek to review the materials collected during the evaluation of my application.

I agree to pay all fees required by the CBLS, as described in the Rules of the State Bar, Appendix A: Schedule of Charges and Deadlines.

I agree to abide by all rules and regulations of the CBLS as amended from time to time and to furnish to the CBLS such information as it may require, to evaluate my application.

I am the applicant herein for certification as a specialist under the State Bar of California Program for Certifying Legal Specialists.

I fully understand that failure to make a truthful disclosure of any fact, item or information required may result in the denial of my application, revocation of my certificate of specialization, or disciplinary action by the State Bar of California.

I have carefully read and answered each question completely and truthfully in the foregoing application and any attachments hereto, and certify that the information therein is true and correct to the best of my knowledge.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on:

Date:				
Print Name:				
Signature:				

## FAMILY LAW RECERTIFICATION Attachment A – Task and Experience Requirement

Appl	icant	Name: Bar Number:			
	The State Bar of California Board of Legal Specialization may require additional evidence of completion of the tasks and experience as indicated in this Attachment A.				
With	nin th	e five years immediately preceding submission of this application, I have:			
CHE	СК ТЬ	IE BOX THAT APPLIES			
	A. Pa	articipated in at least 50 of the following proceedings in any combination:			
	1.	Contested hearings or trial proceedings under the California Family Code, or within the definition of family law set forth in section 1.0 of the Standards, which are three hours or more in length and involve testimony of witnesses;			
	2.	Negotiated or mediated family law judgments, property settlement agreements, marital settlement agreements, stipulated temporary or post judgment orders and/or stipulated appeal settlements;			
	3.	Acted as mediator, arbitrator, evaluator, or special master in any of the proceedings delineated in section 1.0 of the Standards.			
□ E	th ale	erticipated in less than 50 of the above proceedings, but I have completed sufficient numbers of e following alternative tasks under section 5.0 of the Standards that those alternative tasks, either one or in combination with the tasks I have completed under section 4.0, satisfy the total quirement for recertification:			
	1.	One-half day superior court family law pro tem judge service in contested hearings or trials [equals two contested hearings or trials];			
	2.	Teaching a minimum of 50 actual hours of educational programs approved by the Commission [equals 15 contested hearings or trials];			
	3.	Preparation of a case for contested proceedings under the California Family Code or within the definition of family law set forth in section 1.0 of the Standards [equals one contested hearing or trial];			
	4.	Acting as principal counsel and principal author of the pleadings and briefs in twelve (12) appeals and/or writs filed with a Court of Review, involving proceedings under the California Family Code or within the definition of family law set forth in section 1.0 of the Standards;			

5. Acting as principal counsel and principal author of the pleadings and briefs in one appeal and/or writ filed with a Court of Review, involving proceedings under the California Family Code or

within the definition of family law set forth in section 1.0 of the Standards [equals four contested

hearings or trials].
Family Law Application for Recertification - Page 8 of 12

## **OTHER EXPERIENCE**

de	ou are unable to meet any part of the requirement above, you must submit other experience monstrating substantial compliance with the requirements. Please describe the nature of your practice. lude detailed information regarding your experience as it relates to the foregoing requirements.
	I am submitting alternative or additional forms of family practice for consideration in fulfilling the requirements of substantial involvement. <b>ATTACH SEPARATE SHEET IF NECESSARY</b>

## LEGAL SPECIALIST CONTINUING LEGAL EDUCATION REQUIREMENT FOR RECERTIFICATION Attachment B – Legal Specialist Continuing Legal Education (LSCLE) Compliance Reporting Schedule

Applicant Name:	Bar Number:	

### **LSCLE Compliance Reporting Schedule**

**Legal Specialist Continuing Legal Education is no longer reported in the recertification application.**Specialists must report their LSCLE Compliance on the same three-year schedule as their general MCLE Compliance.

For additional information regarding LSCLE reporting, please review the <u>MCLE Requirements for</u> Certified Specialists page of the State Bar website.

# REFERENCE REQUIREMENT FOR RECERTIFICATION Attachment C – Independent Inquiry and Review

pplicant Name: Bar Number:				
lease submit the names of a minimum of three attorneys or judges who have had an opportunity to bserve your work and who can attest to your proficiency in the practice of the specialty area under the aws applicable to the specialty in California.				
o expedite your application, please include the following among your references if possible: opposing ounsel, attorneys from other firms, and judges, commissioners, or magistrates before whom you have ppeared. References may include attorneys who are clients, partners, associates, employers, or mployees. Note, however, that references will be asked to disclose any such relationship.				
•	or of California via electronic questionnaire. The information Bar of California and shall not be revealed to you.			
to the right individual. Bar numbers can be	ber to ensure that reference forms are sent promptly and found online at <a href="www.calbar.ca.gov">www.calbar.ca.gov</a> under Attorney Search. Bar number, is a judge, or licensed in another state, please			
NAME AND BAR NUMBER	ADDRESS			
1.				
2.				
3.				
4.				
5.				
6.				
7.				

## LEGAL SPECIALIZATION APPLICATION Payment Authorization Form

State Bar Number:		
Applicant's Full Name:		
Mailing Address:	_	
Telephone: Er	mail:	
DESCRIPTION		FEE
☐ Legal Specialization Post-Examination Application	for Initial Certification Fee	\$300
☐ Legal Specialization Application for Recertification	Fee	\$350
	TOTAL*	
*For credit card payments, a processing fee of 2.5 per no processing fee associated with payments by check.		arges. There is
*All unsuccessful payments will be assessed an admin by the State Bar's banking institution or \$20, whichever		nount charged
This form may not be used to pay dues or other license associated to the Legal Specialization program. <b>Please</b>	•	to pay fees
☐ Personal/Cashier's Check or Money Order (Make checks payable to The State Bar of Californ)	ia)	
☐ Credit Card		
Credit Card Number:		
Credit Card Security Code: Expir	ration Date (Month/Year): _	
Credit Card Type:   American Express   I	Discover □ MasterCard	d □ Visa
Name on Card:		
Signature of Card Holder:	Date:	
By my signature on this document, I/we authorize my/our credit card account for the amount listed in		o charge