



**The State Bar of California**  
**Department of Legal Specialization**  
**180 Howard Street · San Francisco, CA 94105-1617**  
**(415) 538-2120 · legalspec@calbar.ca.gov**

**California Board of Legal Specialization**  
**Proposed New Specialty Application**

**APPLICANT INFORMATION**

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Name of Applicant or Organization: \_\_\_\_\_

Are you currently certified in a specialty area?:      Yes       No

If yes, specialty area: \_\_\_\_\_ Entity Certifying Specialty Area: \_\_\_\_\_

Address of Applicant or Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Signature: \_\_\_\_\_

**NEW SPECIALTY INFORMATION**

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Attach additional sheets if necessary.

1. Area of law/specialty field: \_\_\_\_\_

2. Definition of the proposed specialty: \_\_\_\_\_

3. Does the State Bar, other bar or professional organization have a practice section or committee in this specialty field?:      Yes       No

If yes, describe: \_\_\_\_\_

4. Describe the perceived need: \_\_\_\_\_

\_\_\_\_\_

5. Describe the potential value: \_\_\_\_\_

\_\_\_\_\_

6. Describe the substantive feasibility: \_\_\_\_\_

\_\_\_\_\_

7. Describe the degree of interest and support: \_\_\_\_\_

\_\_\_\_\_

8. Describe the practical viability: \_\_\_\_\_

\_\_\_\_\_

9. Other information on the proposed area of law/specialty field: \_\_\_\_\_

\_\_\_\_\_