### CALIFORNIA BOARD OF LEGAL SPECIALIZATION

OF THE STATE BAR OF CALIFORNIA

180 HOWARD STREET, SAN FRANCISCO, CALIFORNIA 94105-1617

TELEPHONE: (415) 538-2120 E-MAIL: legalspec@calbar.ca.gov FAX: (415) 538-2180

WEBSITE: www.californiaspecialist.org



## 2017 Legal Specialist Examination Registration Form

Examination Date: Tuesday, October 24, 2017 Registration Deadline: October 2, 2017

**NOTE**: For the 2017 Legal Specialist Examination only, registration fee(s) are reduced and all laptop fees are waived. Reduced pricing will only be honored with valid full payment. Applicants who wish to take the examination via laptop will still need to indicate on this form, complete the Release of Liability and comply with all department policies. Laptop slots are limited so applicants are encouraged to apply early.

Register to guarantee your space at the test center for the 2017 Legal Specialist Examination by submitting this registration form with valid full payment postmarked no later than **October 2, 2017.** 

Applicant Informa	ition			
Full Name:				
We will communicate with you via your address, phone and private e-mail as provided in your "My State Bar Profile."				
Eligibility: Have you been practicing in the specialty area since January 2016? ☐ Yes ☐ No				
Examination				
<ol> <li>Subject Matter: Indicate the examination for which you are registering (check one)</li> </ol>				
□ Admiralty & N	Aaritime Law ☐ Criminal – State Law	☐ Immigration & Nationality Law		
☐ Appellate – C	Civil Law   Criminal – Federal Law	☐ Legal Malpractice Law		
☐ Appellate – C	Criminal Law ☐ Estate Planning, Trust & Probate Law	□ Taxation Law		
□ Bankruptcy L	aw □ Family Law	☐ Workers' Compensation Law		
	☐ Franchise & Distribution Law			
2. Test Center:	☐ Northern California – Oakland Convention Center			
2. Test Center:	☐ Southern California – Pasadena Convention Center			
3. Method for	☐ Handwriting			
Essay Portion:	☐ Typing on Laptop/Netbook (Please review and sign	the Release of Liability Form)		
4. Payment:	☐ Enclosed check made payable to the State Bar of California.			
	☐ MasterCard or Visa (Please complete and sign the credit card authorization form)			
5. Source:	How did you learn about the legal specialization progr	ram and examination? (Check all		
	that apply)			
☐ A colleague	9	nformation booth at conference		
☐ State Bar webs				
	☐ California Bar Journal ☐ C	Other:		
Dealaration				

#### Declaration

As a condition for registration for the legal specialist examination I agree to the following:

- 1. I am an active member of the State Bar of California.
- 2. I understand that the examination is the first step in the certification process and that if I am successful on the examination, I will be required to file an application for certification with the appropriate fee demonstrating compliance with all other requirements of the legal specialization program, including education, tasks and experience and recommendations, on or before **February 1, 2021** before my application can be considered by the California Board of Legal Specialization.

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# 2017 Legal Specialist Examination Fee Payment Form

#### **FOR APPLICANTS:**

- Registration fees are non-refundable, non-transferable, and applicable only to the legal specialist examination to be administered on **October 24, 2017.**
- The applicable registration fee will be based on the day valid full payment is received.

Full Name:	CA State Bar Number:
2017 Legal Specialist Examination (	Reduced) Registration Fee(s)
If valid full payment is received:	
□ on or before <u>May 1, 2017</u> : \$10	
on or before September 1, 2017: \$25	
□ on or before <u>October 2, 2017</u> : \$35	U
Payment methods	
$\square$ Enclosed check made payable to the S	
☐ Credit Card – MasterCard or Visa only	(Complete and return Credit Card Authorization below)
С	redit Card Authorization
<b>Credit Card Payment Information (C</b>	only Visa and MasterCard credit cards are accepted)
☐ MasterCard ☐ Visa	
Credit Card Number:	
Expiration Date (MM/YY):	Security Code:
	Security Code:
Name on Card:	
Name on Card: Billing Address:	
Name on Card: Billing Address:	
Name on Card:  Billing Address:  City:	State: Zip: ereby authorize the State Bar of California to charge my Visa or
Name on Card:  Billing Address:  City:  By my signature on this document, I he	State: Zip: ereby authorize the State Bar of California to charge my Visa or have indicated in the form above.