

RECERTIFICATION APPLICATION
for
BOARD CERTIFIED SPECIALIZATION IN FAMILY LAW

Return Application and \$250 fee to:

State Bar of Nevada
Attn: Family Law Specialization Application
3100 W. Charleston Blvd Suite 100
Las Vegas, NV 89102

- (1) Name: _____ (2) Nevada Bar No. _____
- (3) Residential Address: _____

- (4) Business Address: _____

- (5) Preferred Mailing Address: Above Residential Address
 Above Business Address
 Other _____
- (6) Phone Contact Information: _____ Office
_____ Facsimile
_____ Home
_____ Cellular
- (7) E-mail: _____ Website: _____
- (8) During the immediately preceding five (5) year certification period, have you participated in a total of fifty (50) of the following proceedings in any combination:
- a. Contested hearings or trial proceedings under within the definition of family law, section 2.0 of these standards, which are two (2) hours or more in length and involving testimony of witnesses.
 - b. Negotiated or mediated family law judgments, property settlement agreements, marital settlement agreements, post judgment orders and/or appeals;

- c. Acted as mediator, arbitrator, evaluator, or special master in any of the proceedings delineated in section 2.0 of the Standards for Board Certified Specialization in Family Law.

Yes No Initials:_____

- (9) At the time of this application have you completed an average of eighteen (18) hours of Continuing Legal Education in family law over the last five (5) calendar years immediately preceding application, which shall include a minimum of not less than twelve (12) hours of CLE in family law completed annually in each of the previous five (5) calendar years immediately preceding application as defined in Section 5.1.2 of the Standards for Board Certified Specialization in Family Law

Yes No Initials:_____

If “no”, please identify with specificity and detail, on an attached General Supplement to this application, the sufficient other comparable legal education activity in family law as described in Section 5.1.3 of the Standards for Board Certified Specialization in Family Law.

- (10) Are you an active member in good standing of the State Bar of Nevada and the Family Law Section thereof?

Yes No Initials:_____

- (11) Are you the subject of any investigation, complaint, inquiry or other disciplinary proceedings by any organized bar, including any local, state or district grievance committee of an organized bar?

Yes No Initials:_____

If “yes”, on an attached General Supplement to this application, please provide all details, copies of all documents associated therewith, and execute a Release authorizing access to such information.

- (12) Have ever been reprimanded, suspended, disbarred or otherwise disciplined by any court or grievance committee?

Yes No Initials:_____

If “yes”, on an attached General Supplement to this application, please provide all details, copies of all documents associated therewith, and execute a Release authorizing access to such information.

(13) Do you acknowledge that throughout the recertification process, beginning upon the filing of this application, that (1) you are subject to a continuing duty to promptly furnish a statement to the Board of Certified Family Law Specialists disclosing if you become subject to an investigation, complaint, inquiry or other disciplinary proceedings by any organized bar, including any local, state or district grievance committee of an organized bar, (2) that you are required to provide the details of such investigation, complaint, inquiry or proceedings, and (3) that the requirement herein is on-going and requires prompt mandatory supplemental disclosure without delay?

Yes No Initials:_____

(14) Do you acknowledge that failure to disclose such information shall constitute a material misrepresentation and may be cause for rejection, or other appropriate action?

Yes No Initials:_____

(15) Do you carry professional liability insurance as set forth in Nevada Rules of Professional Conduct RPC 7.4(d)(2)(iii)?

Yes No n/a Initials:_____

If "yes", please attach a copy of the declarations page(s) of your policy or other proof of the existence of such coverage.

(16) Is your practice limited to public law?

Yes No Initials:_____

(17) Do you acknowledge that Recertification may be denied because of a failure to furnish requested information or documentation, or because of misrepresentation of any material fact?

Yes No Initials:_____

(18) Do you acknowledge that the decisions of the Board of Certified Family Law Specialists are final and not subject to further review or appeal, other than as required or specifically permitted by the State Bar of Nevada Board of Governors?

Yes No Initials:_____

///

(19) Has your certification as a family law specialist been revoked at any time?

Yes No Initials: _____

If Yes, on an attached General Supplement to this application, please provide all details copies of all documents associated therewith, and execute a Release authorizing access to such information.

I, _____, under penalty of perjury, execute the forgoing Recertification Application for Board Certified Specialization in Family Law, together with all Supplements and Attachments thereto, and verify that I have read the foregoing, know the contents thereof; and the content are true of my own knowledge.

Dated this _____ day of _____, 20_____.

STATE OF NEVADA)
) ss:
COUNTY OF)

On this ____ day of _____, 20____, personally appeared before me, the undersigned, a Notary Public in and for the County and State aforesaid, _____, who acknowledged that he/she executed the above document.

NOTARY PUBLIC, in and for
said County and State

