

**INDIANA STATE BAR ASSOCIATION FAMILY LAW CERTIFICATION BOARD**

**APPLICATION FOR RECERTIFICATION IN  
INDIANA FAMILY LAW**

Mail Completed Application to:  
Family Law Certification Board  
Indiana State Bar Association  
One Indiana Square, Suite 530  
Indianapolis, IN 46204  
(317) 639-5465; (800) 266-2581

**FILING DEADLINE**  
Must be postmarked by:  
**January 31, 2018**

Please submit the following with your application:

- 1.) \$300.00 application filing fee. Please make checks payable to ISBA Family Law Certification Board.
- 2.) A *certified* copy of your criminal record or lack thereof from your county of residence and any county in which you have resided.
- 3.) Malpractice Insurance – A current certification of adequate malpractice insurance (up to \$500,000.00 per loss).

Accreditation by the Indiana Commission for Continuing Legal Education (“ICCLE”) of the Family Law Certification Board (“Board”) as an independent certifying organization indicates solely that the certification program of the Board has met the ICCLE standards.

No applicant shall be denied certification based upon race, religion, gender, sexual orientation, disability or age.

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*All references herein to the “Standards” shall mean the Standards for Certification and Re-Certification of Lawyers Specializing in Family Law. In the event of a discrepancy between the Standards and this application form, the Standards control.*

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Please type name as you wish it to appear on your certificate of specialization)

Indiana Attorney Number: \_\_\_\_\_ Year Admitted to Indiana Bar: \_\_\_\_\_

Are you licensed in another State?  YES  NO

If yes, please provide name of State and date admitted: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. GOOD CHARACTER AND REPUTATION** (See Article II, Section A of Standards)

This section requires disclosure of any matter, regardless of whether an appeal is pending. Each question must be answered. If you answer "YES" for any of these questions, please provide full details on a separate sheet of paper.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a pending inquiry or complaint with the State Bar of Indiana, the Indiana Supreme Court Disciplinary Commission, or a similar designated entity in another state which has authority over attorney discipline?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subject to any disciplinary sanctions by the State Bar of Indiana, the Indiana Supreme Court Disciplinary Commission, or by an entity in another state which has authority over attorney discipline? Discipline sanctions include: disbarment, resignation, suspension, and reprimand (public or private). |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a criminal indictment or information been filed against you for a felony or misdemeanor involving moral turpitude or other serious crime as defined in the Standards?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted, given probation or fine for a felony or other serious crime as defined in the Standards?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a pending suit(s) for legal malpractice or other private civil action alleging attorney misconduct?   |

- Has a suit(s) for legal malpractice or other private civil action alleging attorney misconduct been concluded for or against you, or has a finding of inadequate representation been made against you in a criminal case?

**III. EMPLOYMENT HISTORY.** On a separate sheet of paper, please provide a complete statement of your employment since admission to the practice of law. Includes the dates of employment, employer's name and address, and a brief summary of the nature of work you performed.

**IV. REFERENCES.** (See Article II, Section C. of Standards) **Do Not Duplicate Names**

Five judges of any court of record in Indiana whom I have appeared before as an advocate in a family law matter within two (2) years prior to the date of this Application and who is not related to me.

	<u>Name</u>	<u>Address, City, State, Zip</u>	<u>Length of Time Acquainted</u>
1.	_____	_____ _____	_____
2.	_____	_____ _____	_____
3.	_____	_____ _____	_____
4.	_____	_____ _____	_____
5.	_____	_____ _____	_____

A lawyer against whom I have tried a family law matter within two (2) years prior to the date of this Application, who is not related to me or currently engaged in legal practice with me.

	<u>Name</u>	<u>Address, City, State, Zip</u>	<u>Length of Time Acquainted</u>
1.	_____	_____	_____
		_____	

A lawyer with whom I have mediated a family law matter within two (2) years prior to the date of this Application, who is not related to me or currently engaged in legal practice with me.

	<u>Name</u>	<u>Address, City, State, Zip</u>	<u>Length of Time Acquainted</u>
1.	_____	_____	_____
		_____	

Five lawyers, not partners, associates, or relatives of mine, who practice in my geographic area and can attest to my competence in the practice of family law. These lawyers are substantially involved in the practice of family law and are not related to me or currently engaged in legal practice with me.

	<u>Name</u>	<u>Address, City, State, Zip</u>	<u>Length of Time Acquainted</u>
1.	_____	_____	_____
		_____	
2.	_____	_____	_____
		_____	
3.	_____	_____	_____
		_____	
4.	_____	_____	_____
		_____	

5. \_\_\_\_\_  
\_\_\_\_\_

**V. MALPRACTICE ACTIONS.** On separate sheets of paper, please list the following:

- A. List all malpractice actions which have been filed and are presently pending against you personally, in which your actions are alleged to have constituted malpractice. Include the title of the case, case number, county in which the case is filed, and name and address of counsel for plaintiff.
- B. List all malpractice claims, whether or not any malpractice action has been filed. Include the name of the person alleging the malpractice, and the name and address of counsel for that person.
- C. List all malpractice claims, whether or not any malpractice action was filed, in which applicant or an insurer insuring applicant has paid a settlement in excess of \$5,000.00. Include the name of the person alleging the malpractice, and the name and address of counsel for that person.
- D. List all malpractice actions in which a judgment has been entered against applicant in excess of \$5,000.00. Include the title of the case, cause number, county, name of judge, and name and address of counsel for plaintiff.

**VI. TASK REQUIREMENT.** Please complete the attached Appendix together with necessary Forms as outlined in the Appendix. Copy pages as needed to include additional information. Attach completed Appendix and Forms to the Application.

**VII. EDUCATION**

Colleges and Law School attended:

<u>Name</u>	<u>From</u>	<u>To</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VIII. CONTINUING LEGAL EDUCATION.** (See Article III, Section E. of Standards)

For both certification and re-certification, you are required to have completed forty (40) hours of continuing legal or mediation education, in family law subjects, during the four year period from For both certification and re-certification, you are required to have completed forty (40) hours of

continuing legal or mediation education, in family law subjects, during the four-year period ending on the due date of the application. At least thirty-six (36) of those hours must have been completed during the three-year period ending on the due date of the application.

Please obtain a list of your CLE courses from the Indiana Commission for Continuing Legal Education and submit the report with this application. In order to receive credit for courses taken between the time your application is filed and the end of the three- or four-year ending on the due date of this application, please notify us in writing after submitting the course information to the Indiana Commission for Continuing Legal Education.

You may also receive credit for other continuing legal education activities such as teaching, completing a course in family law or family mediation, speaking at a lecture series, authorizing a book or article, or participating in a professional committee dealing with substantive or procedural family law. **To receive credit for such activities, please submit details and the hours of involvement as an attachment to this application.** These activities will be reviewed on an individual basis. Generally, credit for teaching, speaking or completing a course in family law or family mediation will be given if the nature of the course or speaking or teaching assignment was such that the Board believes the Indiana Commission for Continuing Legal Education would likely have approved such for continuing legal or mediation education credit in Indiana if such approval had been sought.

Credit will not be automatically given for courses which are not, from their title, clearly on family law, or for courses such as “Indiana Law Update,” Bench-Bar Conference,” “Annual Updates,” “Year-End Review,” etc. If you wish credit for hours during such courses, please specify in your application how many hours of family law CLE were included within each such course. Approved family law CLE includes the following: trial practice and procedure, appellate practice, accounting and financial analysis, discovery, evidence, family law mediation training, guardian ad litem training, collaborative practice training, and parenting coordination training.

## **IX. MALPRACTICE INSURANCE**

You are required to attach to this Application proof of malpractice insurance or financial ability to pay up to \$500,000.00 per loss.

## **X. AGREEMENTS / AUTHORIZATION**

Any amendment or alteration to this section of the Application, or failure to sign the Application, will result in disqualification of the applicant at the time the amendment or alteration is discovered.

Please **read and initial** each of the following agreements and sign below in the presence of a Notary Public:

\_\_\_\_\_ Pursuant to the Standards which have been promulgated by the Family Law Certification Board, I certify that I am fully qualified and know of no reason why I am not entitled to certification. I have answered each question completely and truthfully, and any and all attachments are accurate and truthful.

\_\_\_\_\_ I certify that I am an active member in good standing of the State Bar of Indiana.

\_\_\_\_\_ I certify that I annually devote not less than fifty percent (50%) of my legal practice to family law, as defined in the Standards for Certification and Re-Certification of Lawyers Specializing in Family Law.

\_\_\_\_\_ I agree to abide by the provisions of the Indiana Bar Certification Review Plan, the rules and policies of the Indiana Commission for Continuing Legal Education, and the rules and regulations promulgated by the Family Law Certification Board as amended from time to time.

\_\_\_\_\_ I agree that I shall surrender any certificate held by me upon revocation or denial of re-certification.

\_\_\_\_\_ I agree to notify the Family Law Certification Board within ten (10) days of receiving notice that I have been disciplined in any manner by the Indiana Supreme Court Disciplinary Commission or a similar designated entity in another state which has authority over attorney discipline.

\_\_\_\_\_ I certify that I have been engaged in the substantially full-time practice of law for a period of not less than five (5) years prior to the date of this Application.

\_\_\_\_\_ I agree to pay all fees required by the Family Law Certification Board as due.

\_\_\_\_\_ I agree to submit to a personal interview before the Family Law Certification Board, any of its individual members, or any authorized representatives of the Family Law Certification Board for the purpose of testing my qualifications for certification.

\_\_\_\_\_ I agree to supply all relevant documents, records, or other information that may be requested from me in the investigation of this application.

\_\_\_\_\_ By signing and filing this application, I authorize all persons, firms, officers, corporations, associations, State or Federal agencies, and institutions to furnish to the Family Law Certification Board, the Indiana State Bar Association, or any of their authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of the Indiana Supreme Court Disciplinary Commission. I further agree that all information received by the Family Law Certification Board shall be treated confidentially and I specifically waive any right to access to information received by the Family Law Certification Board from third parties.

\_\_\_\_\_ I release, discharge and exonerate any person, organization or other entity furnishing information, documents, records or other information to the Family Law Certification Board from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continued satisfaction of the Standards for Certification and Re-Certification for Lawyers Specializing in Family Law.

