

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.

Where do I mail my application?

Department of Legal Specialization
State Bar of California
180 Howard Street
San Francisco, CA 94105-1617

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 insufficient on its face, 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 If you fail to correct the deficiency within 60 days from the date of the notice, the application shall be deemed withdrawn without a refund of the fee.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 non-confidential information in order to show compliance with recertification requirements.

INSTRUCTIONS FOR SELECTED QUESTIONS AND ATTACHMENTS

Application Form

Box 1. Enter your official State Bar name and address of record. This is the information that appears in State Bar Membership Records. To verify that the information is current, go to www.calbar.ca.gov, *Attorney Search*. If the information is not current, you must update your information pursuant to section 6002.1 of the B&P Code, through *My State Bar Profile*.

Please be aware that all correspondence will be sent to you at your official address of record registered with the State Bar Office of Membership Records.

Box 9. Section 3.113 of the Rules provides that the Advisory Commission 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 non-attorney professional discipline (e.g., accountancy), provide information similar to the above.

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

Resignation from any 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 your educational compliance is reported along with your MCLE Compliance Group, rather than as a part of this packet. For your convenience and benefit, this packet contains Attachment B in which you confirm that you are aware that you will report your compliance along with your reporting group, and that you know the compliance group to which you are assigned. Note that you must report in the MCLE Compliance Group to which you were assigned at the time of admission to the State Bar of California.

As you are completing your education, please refer to www.californiaspecialist.org for information about qualifying courses and be sure to keep your certificates of attendance for at least one year from your compliance group reporting deadline.

C. References

When listing a reference, please include the attorney's bar number. To find an attorney's or judge's bar number, go to www.calbar.ca.gov, Attorney Search.

CHECKLIST

Have you:

- Read the affirmation?
- Provided all information requested on the application and attachments?
- Signed and dated the application?
- Attached additional sheets if you needed more space?
- Put your name on the top of all attachments?
- Made copies for your records?
- Enclosed a check/credit card information for the appropriate recertification fee?

RESOURCES

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 www.californiaspecialist.org.

THE CALIFORNIA BOARD OF LEGAL
SPECIALIZATION
The State Bar of California
180 Howard Street
San Francisco, CA 94105-1617
(415) 538-2120

**State Bar of California Program for Certifying
Legal Specialists**

CONFIDENTIAL

**APPLICATION FOR RECERTIFICATION
Criminal Law Specialist**

\$350 Recert Fee

01

For Office Use Only
Legal Specialization

PLEASE PRINT OR TYPE. CHECK ALL BOXES THAT APPLY.

1. Name & Address (exactly as they appear on State Bar membership records)	2. Bar number
	3. Daytime Phone Number ()
	4. E-mail address

5. I hereby apply for recertification as a Criminal Law specialist under the State Bar of California Program for Certifying Legal Specialists.

Date Certified: _____

Date Most Recently Recertified: _____

6. I have been engaged in the practice of criminal law for at least 25% of the time spent in my occupational endeavors during the previous five (5) years. <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, PLEASE EXPLAIN ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.	7. At the time of application for recertification, I am an active member of the State Bar of California. <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, STOP HERE. You are not eligible to apply.
--	---

8. The following is a complete statement of my employment since my most recent application. List most recent employment first. **ATTACH SEPARATE SHEET IF NECESSARY. CHECK HERE IF ADDITIONAL SHEETS ARE ATTACHED.**

Dates of Employment	Employer	Employer's Address	Nature of Employment (summarize nature of work performed)

<p>9. During the current certification term:</p> <p>a. 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 do you have any discipline pending?</p> <p>b. Did you have any felony convictions?</p> <p>c. Did you resign from any bar, court or body before whom you appear?</p> <p>d. Were there three or more judgments of professional negligence against you? <i>(If yes, please attach the relevant documents.)</i></p> <p>e. Were any sanctions, other than discovery sanctions, entered against you by any court or body before whom you appear?</p> <p>f. Were any findings of contempt made against you by any court or body before whom you appear?</p> <p>IF YOU ANSWER YES TO ANY OF THE ABOVE, YOU MUST PROVIDE FULL DETAILS ON A SEPARATE SHEET. A record of discipline or failure to disclose any of the information requested above may constitute grounds for denial of your application.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

AFFIRMATION

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 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.

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

TYPE OR PRINT NAME

SIGNATURE

TASK AND EXPERIENCE REQUIREMENT
ATTACHMENT A

Applicant Name: _____

Please note that the Criminal Law Advisory Commission may require additional evidence of completion of tasks and experience shown in Attachments A, A-1 and A-2.

If you are using the alternative tasks set forth in the Standards to recertify, complete ATTACHMENT A-2 instead.

For purposes of numbers 1 and 2 below, please note the following:

- ▶ "Principal counsel" means an attorney who presents the case or proceeding to the court or jury during its entire course or a substantial part thereof. More than one attorney may be a principal counsel so long as each is involved in the presentation of a substantial part of the case or proceeding.
- ▶ Attendance in court during any part of a day shall be counted as attendance for a full day.
- ▶ Military courts-martial and trials conducted pursuant to the Lanterman-Petris-Short Act shall not be counted as criminal jury trials.

CHECK THE BOX THAT APPLIES

1. Within the current five (5) year certification term, I have personally attended a trial court in California or in any United States District Court for twenty-five (25) days as principal counsel of record for a party in a criminal jury trial during the phase of trial commencing at the start of voir dire examination and ending when the case is submitted to the jury or is otherwise earlier concluded.

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL

OR

2. During each year of the current five (5) year certification term, I have participated in five (5) days of criminal jury trials as specified in #1 above. **IF YOU CHECK THIS BOX, YOU MUST COMPLETE ATTACHMENT A-1.**

OR

3. Within the current five (5) year certification term, I have presided as a judicial officer for at least sixty (60) days over misdemeanor or felony jury trials or juvenile court proceedings under section 602 of the Welfare and Institutions Code.

TASK AND EXPERIENCE

ATTACHMENT A-1

Applicant Name: _____ Bar Number: _____

Complete this form if you checked Box #2 on ATTACHMENT A.

For EACH YEAR of your current certification term, provide the requested information. Use common abbreviations in listing case titles, courts, etc. Indicate when each year of your term began and ended.

FIRST YEAR beginning/ending (use month/year):

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL
1.				
2.				
3.				
4.				
5.				
TOTAL # OF TRIAL DAYS				

SECOND YEAR beginning/ending (use month/year):

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL
1.				
2.				
3.				
4.				
5.				
TOTAL # OF TRIAL DAYS				

THIRD YEAR beginning/ending (use month/year):

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL
1.				
2.				
3.				
4.				
5.				
TOTAL # OF TRIAL DAYS				

FOURTH YEAR beginning/ending (use month/year):

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL
1.				
2.				
3.				
4.				
5.				
TOTAL # OF TRIAL DAYS				

FIFTH YEAR beginning/ending (use month/year):

TITLE OF CASE	CASE NO.	COURT WHERE TRIED	DATE CASE SUBMITTED TO JURY OR VERDICT RENDERED	NUMBER OF DAYS AS COUNSEL
1.				
2.				
3.				
4.				
5.				
TOTAL # OF TRIAL DAYS				

**TASK AND EXPERIENCE
ATTACHMENT A-2**

Alternative to Criminal Task Requirements

Applicant Name: _____ Bar Number: _____

The Criminal Law Advisory Commission may require additional evidence of completion of tasks and experience shown in this Attachment A-2.

As an alternative to the criminal trial practice task requirements listed in section 6.0 of the Standards, I qualify by showing the following law practice requiring similar skills, as described in section 7.0 of the Standards:

CHECK THE BOXES THAT APPLY AND COMPLETE THE APPROPRIATE SECTIONS BELOW. ATTACH ADDITIONAL SHEETS AS NEEDED. Refer to SECTION 7.0 of the Standards for additional information regarding alternative to criminal trial practice task requirements.

1. I have had substantial involvement in other areas of law practice requiring skills similar to those required for the criminal trial practice task requirements, such as:

a. Litigation in contested civil matters involving jury trials

NAME OF CASE	CASE NO.	COURT WHERE TRIED	TYPE OF CASE	DECISION DATE

b. Appellate practice in either criminal or non-criminal matters in proceedings in which decisions after hearing have been reached.

TITLE OF CASE	CASE NO.	COURT WHERE HEARD	NATURE OF PROCEEDING

c. Practice in a government agency in which the practitioner is engaged in activities substantially equivalent to criminal law practice.

NAME OF AGENCY	CASE NO.	TYPE OF CASE/ACTIVITY	NATURE OF PROCEEDING

d. Active full-time supervision of criminal trial attorneys, which includes one, or a combination of, the following: charging of complaints, filing of complaints, trial strategy and preparation, appellate review, legal motions, preparation and presentation of in-house training. **Please attach a statement detailing how you qualify under this category.**

2. I have engaged in research, writing and/or special studies of criminal law and procedure.

TITLE OF ARTICLE	WHERE PUBLISHED	DATE PUBLISHED	NATURE OF RESEARCH, TIME SPENT & DATES

3. I possess some, but not all, of the criminal trial practice task requirements of section 6.0 of the Standards as listed below. **USE SEPARATE SHEET IF NECESSARY.**

***NEW EDUCATION REPORTING SCHEDULE
ATTACHMENT B**

Applicant Name: _____ Bar Number: _____

The Legal Specialist Education requirement is no longer reported in the recertification application. Attorneys now report their Legal Specialist Education by submitting a Legal Specialization Education Compliance Card. The Compliance Card can be found online at www.californiaspecialist.org under the forms section.

Attorneys are required to complete a total of 36-hours of approved education every three years. Compliance Groups and reporting deadlines are listed below:

Compliance Group 1 (Last Name A-G at the time of Admission to the State Bar) 2/1/2016
Compliance Group 2 (Last Name H-M at the time of Admission to the State Bar) 2/1/2018
Compliance Group 3 (Last Name N-Z at the time of Admission to the State Bar) 2/1/2017

Some FAQs about this process:

Does the new education reporting period affect my recertification deadline?

No. You will still be due to recertify every five (5) years. Please do not submit a compliance card with your recertification application, if you have already submitted a compliance card or if you are not due to report your Legal Specialist Education.

How do I submit my Legal Specialist Education Compliance Card?

Once you have completed and signed the Legal Specialist Education Compliance Card, you can submit it to The Department of Legal Specialization either via mail, fax or e-mail.

Isn't reporting my Legal Specialist Education the same as reporting my MCLE compliance?

No. Your Legal Specialist Education is reported on compliance card and your MCLE compliance is reported online on My State Bar Profile.

What if I am a certified in more than one specialty?

During your compliance period, you will need to submit a Legal Specialization Education Compliance Card for each specialty. For example, if you are a dual specialist, you will have to submit a compliance card for each area of law in which you are a specialist.

Can I submit my compliance card before my Compliance Group is due to report?

No. Compliance cards will only be accepted for the Compliance Group due to report. Any other compliance cards sent to The Department of Legal Specialization will be not be marked as received.

How do I report my education if I was certified after the compliance group period?

You will have a reduced and proportional educational requirement. You will have to report at least 1 hour for each month that you were certified. For example, if your compliance period is from February 1, 2012- January 31, 2015 and you were certified in September 2014, you would have to report at least 5 hours of legal specialist education.

Do I need to send in my certificates of attendance?

No. Please save them for one year after you report your education compliance in the event that you are audited.

For more information, visit the resources page on www.californiaspecialist.org for full details, as well as potentially qualifying MCLE substitutions.

INDEPENDENT INQUIRY AND REVIEW
ATTACHMENT C

Applicant Name: _____

All references, communications, reference forms, and information gathered pertaining to the applicant shall be the property of the State Bar and are confidential and no information concerning them and the matter to which they relate shall be given to any person except upon prior order of the Board of Governors of the State Bar or as provided in the Rules and Regulations.

I submit the names and addresses of the following **eight** individuals to act as references who can attest to my proficiency in the practice of criminal law: **four** lawyers who practice in the same geographical area as I do, **one** judge of a Justice, Municipal or Superior Court within the State of California, or a United States District Court or Federal Magistrate Court, before whom I have appeared as an advocate within the two years immediately preceding application; and **three** California lawyers with whom I have tried a criminal case but with whom I am not associated.

In addition, I have submitted the names and addresses required under sections 5.1.1 through 5.1.5 of the Standards.

Include each reference's California bar membership number to insure that reference forms are sent promptly and to the right individual. Bar membership numbers can be found online at www.calbar.ca.gov under Attorney Search.

NAME	BAR NUMBER (REQUIRED)	ADDRESS
1. (lawyer practicing in same geographical area)		
2. (lawyer practicing in same geographical area)		
3. (lawyer practicing in same geographical area)		
4. (lawyer practicing in same geographical area)		

NAME	BAR NUMBER (REQUIRED)	ADDRESS
5. (judge)		
6. (CA lawyer with whom I have tried a case)		
7. (CA lawyer with whom I have tried a case)		
8. (CA lawyer with whom I have tried a case)		

ATTACHMENT C (cont.)

In addition to the above references, I submit:

The names and mailing addresses of the opposing counsel, judges and any co-counsel in the last two (2) jury trials I conducted, if any:

NAME	BAR NUMBER (REQUIRED)	ADDRESS
1.a.		
b.		
c.		
d.		
2.a.		
b.		
c.		
d.		

ATTACHMENT C (cont.)

The names and mailing addresses of the opposing counsel, judges and any co-counsel in the last two (2) preliminary hearings I conducted, if any:

NAME	BAR NUMBER (REQUIRED)	ADDRESS
1.a.		
b.		
c.		
d.		
2.a.		
b.		
c.		
d.		

ATTACHMENT C (cont.)

The names and mailing addresses of the opposing counsel, judges and any co-counsel in the last two (2) writ or appellate matters I conducted, if any:

NAME	BAR NUMBER (REQUIRED)	ADDRESS
1.a.		
b.		
c.		
d.		
2.a.		
b.		
c.		
d.		

ATTACHMENT C (cont.)

The names and mailing addresses of the opposing counsel, hearing officer or referee, and any co-counsel in the last two (2) administrative hearings I conducted, if any:

NAME	BAR NUMBER (REQUIRED)	ADDRESS
1.a.		
b.		
c.		
d.		
2.a.		
b.		
c.		
d.		



CALIFORNIA BOARD OF LEGAL SPECIALIZATION OF THE STATE BAR OF CALIFORNIA

180 HOWARD STREET
SAN FRANCISCO, CALIFORNIA 94105-2120
TELEPHONE: (415) 538-2120
FAX: (415) 538-2180
WEBSITE: www.californiaspecialist.org

Credit Card Authorization Form

Date: _____

Attorney Name: _____ Bar Number: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address: _____

Description	Fee
<i>Legal Specialization Recertification Application Fee</i>	\$350

I authorize the State Bar of California to charge my credit card for \$ _____

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Legal Specialization. Please print legibly.)

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date (Month/Year): _____

Credit Card Type: Visa MasterCard

Name on Card (print legibly): _____

Signature of Card Holder: _____

SUBMISSION INFORMATION

MAIL FORM TO:

The State Bar of California
Department of Legal Specialization
180 Howard Street
San Francisco, CA 94105

FAX FORM TO:**OR****(415) 538-2180**