



THE FLORIDA BAR

651 EAST JEFFERSON STREET
TALLAHASSEE, FL 32399-2300

JOSHUA E. DOYLE
EXECUTIVE DIRECTOR

850/561-5600
WWW.FLORIDABAR.ORG

MEMORANDUM

Re: Board Certification in Civil Trial Law

Thank you for your interest in becoming Board Certified in Civil Trial Law. The application filing period opens July 1 of each year and applications must be completed and returned, along with the \$250 application fee **postmarked no later than August 31**.

Board certification was first introduced to members of The Florida Bar in 1982 in two practice fields. Since that time, it has gradually expanded to include twenty-seven defined areas of law. Each area has set standards that have been approved by the Supreme Court of Florida and incorporated into the Rules Regulating The Florida Bar. The standards include specific practice or experience criteria, passage of an examination, advanced continuing legal education, and supportive peer review sufficient to assess qualifications such as competence, skill experience, professionalism and ethics.

Certification was developed primarily to assist legal consumers in identifying and evaluating the credentials of lawyers at a time when lawyer advertising had become widespread. It has also served as an excellent referral resource within the professional community. Board certification establishes an independent measure of competence, professionalism and peer acknowledgement. A lawyer who is board certified is recognized as "having special knowledge, skills and proficiency in the practice area and good character, ethics and a reputation for professionalism in the practice of law." Lawyers who achieve board certification may use the initials B.C.S. after their name to indicate Board Certified Specialist.

The application process is fundamental to the evaluation of each candidate and you are encouraged to read all instructions as well as the applicable rules and policies before you prepare your application. These can be found on the website at www.floridabar.org/certification. Please note that all requirements, including CLE, must be accomplished by the filing deadline. Board Certification CLE credits are now available online by logging in to your Florida Bar Member Portal.

Once your application is received, it will be several months before you are notified of its disposition. In the interim, you may be asked to supplement your application as a result of committee review. All applicants will be notified in writing of their exam eligibility at the same time.

Your pursuit of board certification demonstrates your commitment to quality and professionalism in the delivery of legal services and we wish you success.

BOARD CERTIFICATION APPLICATION INSTRUCTIONS

Please carefully read these instructions before completing the application, and retain in your files for future reference.

Standards and Policies. Chapter 6, Rules Regulating The Florida Bar, sets forth the minimum standards for board certification and the specific requirements for each area of practice. The rules, BLSE Policies, and other information may be found on the website at www.floridabar.org/certification. **Please be sure to carefully read the rules and policies before you begin your application.**

Completion of Requirements. Unless permitted in BLSE Policy 2.06(a), all requirements for certification must be met before filing an application.

Application Updates. Once your application has been submitted, please understand that you have a continuing obligation to notify the Legal Specialization and Education Department of The Florida Bar should there be any changes to any of your responses provided within your application and if there are any changes to your qualifications for board certification, pursuant to BLSE Policy 2.05(b).

Application Filing. Please refer to The Bar's website for the postmark deadline for your area. Typed applications are preferred, but neatly handwritten applications will be accepted. Completed applications should be returned to the Legal Specialization and Education Department of The Florida Bar. Please retain a copy of your application for your records.

Fees. The Certification program is financially self-supportive and operates on the revenue generated primarily from applicant fees. The certification application filing fee is \$250. Your certification application must be accompanied by the filing fee at the time of filing. Please make your payment by check, money order or bank cashier's check payable to The Florida Bar. Electronic payments are not accepted for this fee at this time.

You will be notified at a later date when to pay the examination fee. The examination fee is \$150 and is due when submitting the exam agreement form once you have been deemed eligible to sit for the exam. An additional fee will be required for those electing to test remotely by laptop. Notification regarding exam eligibility is sent approximately six to eight weeks prior to the examination.

If certification is granted, a \$150 board certification annual fee must be paid each year. You will receive an invoice for your board certification annual fee each year in March via email to your record Bar email address. Recertification occurs every 5 years.

All fees are non-refundable.

Application Processing and Review. Applications must be submitted on forms approved by the BLSE. Upon our receipt of your completed application, you will receive an email notification. Applications will be processed in accordance with BLSE Policies 2.08 and 2.14. Each question must be answered or shown as "not applicable." Only complete applications will be substantively reviewed by a certification committee and the accuracy of the information provided will be verified. Omissions or inaccuracies in the completion and submission of application forms will be grounds for denial.

A review and recommendation as to each applicant's qualifications, based upon compliance with the standards adopted by the Supreme Court of Florida, and policies established by the certification committee ("Committee"), is the responsibility of the Committee, with final approval determined by the Board of Legal Specialization and Education ("BLSE"). This process usually takes five to seven months. During this time, you may be requested to provide additional information. A prompt response is important to the continued progress of your application. Pursuant to BLSE Policy 2.05(c), failure to respond to a request for supplemental information will be considered a withdrawal of an application.

Voluntary Withdrawal. In accordance with BLSE Policy 2.08(d), an application for certification may be voluntarily withdrawn by an applicant. Notification of withdrawal must be in writing and must be received by the LSE director before an appeal under BLSE Policy 4.04(a) is due.

Professional Ethics and Competence. The standards for certification include consideration of character, ethics and reputation for professionalism. Questions are included in the peer review statements and the application also requires disclosure of disciplinary history. Should there be any changes in the information you provided on your application during the processing period, you must advise our office in writing.

Pursuant to BLSE Policy 2.08(c)(1), an application of an applicant for certification, who has an unresolved professional ethics matter, as described elsewhere in the BLSE Policies, will be held in abeyance. The abeyance will not extend beyond 10 months from the filing deadline, or beyond 10 months from the notification of a new ethics matter. **If the matter remains unresolved at the end of the 10-month period, the application file will be considered withdrawn.** The member will be advised and may reapply, without prejudice, during a future application filing cycle.

Peer Review. Each applicant will submit the names and contact information of individuals who can attest to the applicant's special competence and substantial involvement in the practice of law in which certification is sought, as well as the applicant's character, ethics, and reputation for professionalism, in accordance with the area standards, Rule 6-3.5(c)(6), Rules Regulating The Florida Bar, and BLSE Policy 2.10. The BLSE or certification committee may solicit statements from additional lawyers and/or judges.

Statements of reference concerning applicants shall be submitted on forms furnished by the BLSE. A sample copy of the Statement of Reference is provided for your information. Please do **NOT** send this statement to your references. Staff will solicit the statements on your behalf. Reference statements submitted by applicants cannot be accepted.

Continuing Legal Education. The education requirements must be completed within the time frame specified in the application. Hours submitted must be approved for certification credit in the area in which you are applying. General CLER hours will not qualify. Board Certification credit hours are now available online. You can check your board certification CLE credits by logging into your member portal. If you are unsure about credit for a program or individual activity, please attach detailed information on the program or activity, including an outline of the course content, a time schedule and speaker information. Each submission will be reviewed and credit allocated as appropriate.

Examination. All applicants will be notified in writing as to examination eligibility and an exam number will be assigned. This number will identify you throughout the testing and grading process. Please visit www.floridabar.org/certification for information about the examination for your area. **Please do not call or email to inquire about the status of your eligibility; staff is not authorized to advise you by telephone or email. You will be notified in writing of your eligibility to sit for the exam.**

Eligible examinees who are unsuccessful on the exam or elect not to sit for the exam, may be eligible to apply for the exam the following year. Please see BLSE Policies 2.06(b) and 2.12(b)(4).

In the year immediately following the year in which the applicant originally applied, an abbreviated application may be filed in accordance with BLSE Policy 2.06(b). The reapplication may only be filed once and may not be filed outside of the year immediately following the year in which the applicant originally applied. The reapplication fee is \$150.

Please note in accordance with BLSE Policy 2.12(b)(4)(B), an applicant who does not obtain a passing score on the exam after 2 consecutive attempts is ineligible to apply during the cycle year immediately following the second failure. In the year immediately following the year in which the applicant filed an abbreviated application, a new original initial certification application may be filed if the applicant did not sit for the exam for 2 consecutive years.

In some areas of certification, a program may be offered by a Bar Section and identified as an "Exam Preparation" or "Review" course. Please be advised that these courses will not necessarily prepare you for the examination. The certification committees, and any other individuals involved in the preparation of the certification examinations, do not participate or contribute information to the steering committees for these programs.

Confidentiality. Rule 6-3.12, Rules Regulating The Florida Bar, provides for complete confidentiality in the certification process. The entire content of your file, including the statements of reference, will remain confidential. All communications you receive about your application and the examination will be marked “personal and confidential” and emailed or mailed to your official Bar membership address.

Staff Assistance. Your staff liaison is prepared to assist you with the application process and provide general information about the standards and policies. Staff may not, however, advise you as to whether you qualify for certification, nor discuss the status of your application. All communication as to the status of your application will be sent to you in writing on behalf of the Committee.

Certification Application Coversheet

Return your completed application for certification with this coversheet to:

The Florida Bar
Legal Specialization and Education Department
651 East Jefferson Street
Tallahassee, FL 32399-2300

Bar Number: _____

Name: _____

Area of Certification: _____

Please read and initial the following statements:

_____ I have read all applicable rules, policies, and instructions within this application.

_____ I understand, pursuant to BLSE Policy 2.08(a)(2), that only complete applications will be substantively reviewed by a certification committee.

_____ I understand that the accuracy of the information I provide will be verified. I acknowledge that the information in my application and attachments, if any, is true and complete.

_____ I understand my continuing obligation to notify the Board of Legal Specialization and Education of The Florida Bar in writing if there are any changes to any of my responses within the application and if there are any changes to my qualifications for board certification.

_____ I understand, pursuant to BLSE Policy 2.05(c), failure to respond to a request for supplemental information will be considered a withdrawal of my application.

_____ I understand, in accordance with BLSE Policy 2.08(c)(1), an unresolved professional ethics matter will cause my application to be held in abeyance. The abeyance will not extend beyond 10 months from the filing deadline, or beyond 10 months from the notification of a new ethics matter. **If the matter remains unresolved at the end of the 10-month period, my application file will be considered withdrawn.**

_____ I understand that staff is not authorized to advise me by telephone or email of my exam eligibility. Exam eligibility notifications will be mailed no later than January 31.

_____ If I am deemed eligible to sit for the board certification examination, I acknowledge there are no alternate dates or make-up exams and that the exam is scheduled for March 11, 2027.

_____ I have enclosed my application fee of \$250. My check is made payable to The Florida Bar.

Where did you hear about Board Certification?

- | | | | |
|--|-------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Florida Bar Website | <input type="checkbox"/> Colleagues | <input type="checkbox"/> Social Media | <input type="checkbox"/> CLE |
| <input type="checkbox"/> Local Bar Association | <input type="checkbox"/> Conference | <input type="checkbox"/> Other | |

Signature: _____ Date: _____



Board of Legal Specialization and Education
 The Florida Bar
 651 East Jefferson Street
 Tallahassee, Florida 32399-2300
 (850) 561-5842



APPLICATION FOR BOARD CERTIFICATION

Please check one:

- | | |
|--|---|
| <input type="checkbox"/> Admiralty & Maritime Law
<input type="checkbox"/> Adoption Law
<input type="checkbox"/> Antitrust & Trade Regulation Law
<input type="checkbox"/> Appellate Practice
<input type="checkbox"/> Aviation Law
<input type="checkbox"/> Business Litigation Law
<input type="checkbox"/> City, County & Local Government Law
<input type="checkbox"/> Civil Trial Law
<input type="checkbox"/> Condominium & Planned Development Law
<input type="checkbox"/> Construction Law
<input type="checkbox"/> Criminal – Appellate Law
<input type="checkbox"/> Criminal – Trial Law
<input type="checkbox"/> Education Law
<input type="checkbox"/> Elder Law | <input type="checkbox"/> Health Law
<input type="checkbox"/> Juvenile Law
<input type="checkbox"/> Immigration & Nationality Law
<input type="checkbox"/> Intellectual Property Law
<input type="checkbox"/> International Law
<input type="checkbox"/> International Litigation & Arbitration Law
<input type="checkbox"/> Labor & Employment Law
<input type="checkbox"/> Marital & Family Law
<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> State & Federal Gov't & Administrative Practice
<input type="checkbox"/> Tax Law
<input type="checkbox"/> Wills, Trusts & Estates Law
<input type="checkbox"/> Workers' Compensation Law |
|--|---|

TYPE OR PRINT NEATLY

Bar Membership Name	File Number (for office use only)
Name as you wish it to appear on certificate	Florida Bar Number

I. Please Submit the Following Background Data

A.

Current Firm or Employer			Start Date:
Address			Room or Suite
City	State	Zip Code	Telephone
E-mail Address*			

⚠ *Please note: It is our policy to use your official Bar membership email address for written communication concerning your application for board certification and to mark our correspondence "Personal and Confidential." If you would prefer we use a different email address, you will need to temporarily make that change by updating your official Bar contact information by logging in to your My Florida Bar account. You may also contact our Membership Records Department at (850) 561-5832 or by email at membershiprecords@floridabar.org.*

B. Record of Admission to Law Practice

1. Is your membership in The Florida Bar active and in good standing? Yes No
2. On what date were you admitted to The Florida Bar? _____
3. If you are currently admitted to practice law in other jurisdictions, please provide the following information:

State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No

_____ **I have attached a letter of good standing for each jurisdiction in which I am admitted to practice law (excluding Florida)**

If you have ordered a letter of good standing but have not yet received it, please check here. You may file your application without this information with the understanding it must be submitted separately to your staff liaison as soon as possible.

Certificates of good standing printed from online portals are acceptable.

C. Former Applications – If you have applied or become certified in any other area(s) of certification in Florida or elsewhere, please provide the following information:

Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition

D. Professional History

How many years have you been practicing in the certification area you are applying for?

_____ years

Please provide below a complete statement of your employment history since your admission to practice law. List most recent employment first. (Attach additional sheets if necessary.)

*If service was in a non-judicial position and not in private law practice or since your last recertification, please indicate whether bar admission was an employment condition.

From	To
Firm Name or Organization*	
Address	
Position	

From	To
Firm Name or Organization*	
Address	
Position	

From	To
Firm Name or Organization*	
Address	
Position	

E. Photo Identification

Please tape a professional head and shoulders photograph (preferably 3x5 or smaller) of yourself to this page. Please put your full name on the back of the photograph. Your photograph is requested for the purposes of peer review recognition (when necessary) and publicity (if board certification is obtained and subject to your approval). Photos will not be returned.

_____ I authorize use of the photograph for promotional purposes (if board certification is obtained).

Although submission of a photograph is optional, it may facilitate the peer review process.



Applicant Name: _____

- F. **Record of Professional Ethics and Competence** – Please initial the appropriate responses and **attach copies of all pertinent documentation.** Please provide information relevant to your Florida Bar membership and any other State Bar which you are or have been a member since your admission to practice law.

Applicants have a continuing obligation to keep each and every question on the board certification application current, complete and correct by filing timely amendments until the effective date of certification. Updates are considered timely when made within 30 days of any occurrence that would change any response made to any application question.

Please **INITIAL** your responses for items 1-6:

1. List all instances of discipline issued by a state judge, federal judge, an arbitrator, The Florida Bar or another disciplinary agency. Attach documentation that includes: (1) the agency and/or case number, (2) description of the nature and sanctions imposed, and (3) all dates regarding the discipline issued and the termination of the discipline.

_____ Not Applicable _____ See Attached

2. If you have a complaint initiated or pending with The Florida Bar or another disciplinary agency, which resulted in a sworn complaint filed against the applicant by bar counsel, please attach documentation that includes: (1) agency identification or case number; (2) nature of inquiry/complaint; (3) a copy of the inquiry/complaint; and (4) a copy of your response to the complaint.

_____ Not Applicable _____ See Attached

3. List and explain all instances in which a state judge, federal judge; or arbitrator has found you in contempt of court or otherwise adversely commented on your conduct.

_____ Not Applicable _____ See Attached

4. Explain all claims for malpractice or breach of fiduciary duty against you (or against your firm if it relates to your conduct) which resulted in a lawsuit filed, claim asserted, settlement paid or appointment of a lawyer by the malpractice carrier to defend you or your firm. Please attach: (1) a copy of the complaint; (2) your response; (3) a detailed explanation of your direct involvement; and (4) a copy of the final order if available or the current status of the matter if it is still pending.

_____ Not Applicable _____ See Attached

5. List all criminal arrests, charges, pleas of guilty or no contest, convictions, or other dispositions of matters (excluding civil traffic infractions). Include the case number, alleged violation(s), and disposition or current status.

_____ Not Applicable _____ See Attached

6. List any other matter(s) that could adversely affect your membership in good standing with The Florida Bar or eligibility for board certification.

_____ Not Applicable _____ See Attached

II. Required Period of Law Practice

_____ I certify that I am now and have been engaged in the practice of law for at least five years as defined in Rule 6-3.5(c)(1), Rules Regulating The Florida Bar.

III. Compliance with Specific Certification Area Standards. Please **initial** to indicate your understanding and agreement.

_____ I understand there are specific requirements for certification in the area for which I am making application and that all attached exhibits must be completed and returned with this application to demonstrate my compliance.

_____ I agree to abide by all rules and policies of the Board of Legal Specialization and Education and the area committee and to provide such information as may be required to ascertain my entitlement to certification.

_____ I agree to keep each question on the board certification application current, complete and correct by filing timely amendments (within 30 days of any occurrence) until the effective date of certification.

IV. Application Fee. Please remember to attach your \$250 filing fee to this application. This fee is nonrefundable, regardless of the disposition of the application. Additional testing fees will apply if you are determined eligible and elect to sit for the exam.

V. Release. By this application, I release from any and all liability and extend absolute immunity to The Florida Bar, and all persons, committees and institutions in any way involved in this certification process including references and informants.

Applicant's Initials: _____

I specifically authorize the Committee and/or Board to consult with any persons who may have information relating to my professional qualifications, credentials or character, mental or emotional stability, ethics, behavior or any other matter reasonably bearing on the criteria for initial and continued certification. This authorization includes inspecting and obtaining any writing that may be material to my certification. I hereby authorize the release of any information and writing, whether privileged or not, requested by the Committee and/or Board. I understand that all information received and made part of my file shall be treated confidentially.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT THE PEER REVIEW PROCESS IS UNABLE TO SERVE ITS PURPOSE UNLESS THE INDIVIDUALS FROM WHOM INFORMATION IS REQUESTED ARE GUARANTEED COMPLETE CONFIDENTIALITY. BY APPLYING FOR CERTIFICATION, I EXPRESSLY AGREE TO THE CONFIDENTIALITY OF THE PEER REVIEW PROCESS AND EXPRESSLY WAIVE ANY RIGHT TO REQUEST ANY INFORMATION OBTAINED THROUGH PEER REVIEW AT ANY STAGE OF THE CERTIFICATION PROCESS.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT BOARD CERTIFICATION IS A VOLUNTARY PROGRAM AND HAS NO EFFECT ON MY ELIGIBILITY TO PRACTICE LAW IN ANY AREA OF PRACTICE.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT BOARD CERTIFICATION, IF OBTAINED, MAY BE AUTOMATICALLY REVOKED PURSUANT TO THE BLSE POLICIES OR THE RULES REGULATING THE FLORIDA BAR.

Applicant's Initials: _____

By executing this release, I acknowledge that I am specifically authorizing the Lawyer Regulation Department of The Florida Bar or any other state of which I am or was a member to provide to the Committee and/or Board any and all information concerning disciplinary complaints filed against me, even if confidential. Such release is intended to be applicable to the extent authorized by the Supreme Court of Florida.

Applicant Signature

CIVIL TRIAL LAW CERTIFICATION

Application Instructions

Please be sure to carefully read all instructions and rules before you begin your application.

EXHIBIT A – REFERENCES

Rule 6-4.3(g) Peer Review. The applicant must submit the names and addresses of 6 lawyers and 1 judge of a court of general jurisdiction before whom the applicant has appeared as an advocate within the 2 year period preceding application, to complete peer review forms. Individuals submitted as references must be sufficiently familiar with the applicant since the last date of certification. The names of lawyers who currently practice in the applicant's law firm may not be submitted as references.

- I. **Lawyer References.** Provide the Bar numbers, names, addresses and emails of three lawyers. One **must** be board certified in civil trial.
- II. **Judicial References.** Provide the Bar number, name, address, and email for a judge.
- III. **Additional Judges.** Provide bar numbers, names, addresses and emails of three additional judges.

EXHIBIT B – SUBSTANTIAL INVOLVEMENT

***All boxes and blanks MUST be completed. Please attach additional pages if needed.**

Rule 6-4.3(f), Substantial Involvement and Competence. The applicant must have substantial involvement in contested civil matters sufficient to demonstrate special competence in civil trial law within the 3-year period immediately preceding the filing of the application. Substantial involvement and competence is: (1) active participation in the litigation process; including the investigation and evaluation of civil disputes; (2) involvement in pretrial processes, including preparation of pleadings, discovery, and motion practice; (3) planning and review of strategy and tactics for trial; (4) participation in the process of mediation and settlement; and (5) the taking of testimony, presentation of evidence, and argument of jury or nonjury trials.

- A. **To be completed by lawyer advocate applicant or judicial officers.** If you have served as a judicial officer, please provide the name of the court and dates of service.
- B. **Trial Verification. Rule 6-4.3(c).** Detailed information will be required in Exhibits B.1 and B.2.
- C. **Complete Items 1-7. MUST** Provide a number, even if the number matters conducted is zero.
- D. **Trial Consideration. Rule 6-4.3(c)** Complete **ONLY** if you have submitted jury trials that are 6 or more days and you have personally completed at least 3 of 5 components.

RULE 6-4.2 TRIAL DEFINITIONS

(a) Civil Trial Law. “Civil trial law” is the practice of law dealing with litigation of civil controversies in all areas of substantive law before Florida circuit courts or equivalent courts of other states, federal district courts, and state county courts. In addition to the pretrial and trial process, “civil trial law” includes evaluating, handling, and resolving civil controversies before the initiation of suit.

(b) Trial. A “trial” is the commencement of an in-court or in chambers adversarial proceedings before the trier of fact at which testimony is taken that includes at least 2 components of a trial as defined below. A non-jury county court proceeding does not count as a trial for the purposes of board certification or recertification.

(c) Lead Counsel. “Lead counsel” is conducting a minimum of 50 percent of the in-court proceedings.

(d) Jury Trial. A “jury trial” is a case in which the jury is sworn and testimony is taken before concluding or settling a matter. A county court jury trial must result in a verdict rendered by the jury in order to count as a jury trial for purposes of board certification or recertification.

(e) Components of a Trial. The “components of a trial” are: (1) voir dire questioning; (2) opening statement; (3) direct examination; (4) cross examination; and (5) closing statement.

(f) Day in Trial. A “day in trial” is a minimum of 6 hours.

(g) Binding. “Binding” is when the parties are required to honor the court’s decision unless the decision is overturned under law.

Rule 6-4.3(c) Minimum Number of Trials. The applicant must have handled and been substantially involved in the oral presentation of at least 15 contested trials, each involving substantial legal or factual issues, in courts of general jurisdiction. A jury trial of 6 or more trial days may be submitted for consideration as 2 trials only if the applicant personally completed at least 3 of 5 components of trial. A jury trial of 16 or more trial days may be submitted for consideration as 3 trials only if the applicant personally completed at least 3 of 5 components of trial. Of these 15 trials:

- (1) 5 must have been jury trials, and only 2 of those 5 may be county court jury trials that resulted in a verdict;
- (2) 5 must have been conducted by the applicant as lead counsel, and only 4 of those 5 may be county court trials that resulted in a verdict;
- (3) 5 must have been submitted to the trier of fact on some or all of the issues; and
- (4) 2 jury trials and 2 trials conducted by the applicant as lead counsel must have been tried during the 5-year period immediately preceding filing the application.

Rule 6-4.3(d) Non-qualifying Proceedings. The following matters or proceedings do not qualify as trials under this rule:

- (1) mortgage foreclosures tried in less than 1 day;
- (2) bankruptcy;
- (3) family law;
- (4) criminal law;
- (5) workers’ compensation;
- (6) mediations and arbitrations;
- (7) administrative hearings under Chapter 120, Florida Statutes; and
- (8) summary judgments, evidentiary hearings, preliminary injunctions, and appellate proceedings.

CRITERIA FOR EXHIBIT B-1 TRIALS (Rule 6-4.3(c)(4):

***Ensure all appropriate boxes and blanks are completed.**

All B-1 trials must have been completed between July 1, 2021 and August 31, 2026.

- To qualify as a “jury” trial, jury must be sworn in and testimony taken prior to concluding or settling the matter.
- A settlement that occurs before the trial concludes qualifies as a trial if a minimum of 2 components are completed.
- A mistrial qualifies as a trial if a minimum of 2 components are completed.
- Criminal court and small claims court matters do not qualify as trials for the purposes of this application.

CRITERIA FOR EXHIBIT B-2 TRIALS Rule 6-4.3(c):

***Ensure all appropriate boxes and blanks are completed.**

All B-2 can be dated throughout your career.

- To qualify as a “jury” trial, jury must be sworn in and testimony taken prior to concluding or settling the matter.
- A settlement that occurs before the trial concludes qualifies as a trial if a minimum of 2 components are completed.
- A mistrial qualifies as a trial if a minimum of 2 components are completed.
- Criminal court and small claims court matters do not qualify as trials for the purposes of this application.

“CRITERIA FOR EXHIBIT B-3 TRIAL SUBSTITUTIONS”

***Ensure all appropriate boxes and blanks are completed.**

Rule 6-4.3(e) Substitutions....The following are acceptable substitutions.

- (1) Evidentiary hearings, injunctions, or adversarial proceedings that are binding on the parties, involved the taking of testimony and submission of evidence, lasted at least 1 trial day, and involved substantial legal and factual issues as determined by the civil trial certification committee may be submitted as 3 substitutions.
- (2) Completion of an advanced trial advocacy seminar approved by the civil trial certification committee either through teaching or attendance that includes active participation by the applicant in simulated courtroom proceedings may be submitted as 1 substitution.
- (3) County court jury trials resulting in a verdict may be submitted as 2 substitutions if the applicant was lead trial counsel.

CLE INSTRUCTIONS

(See Exhibit "C")

These credits must have been earned between July 1, 2023 and August 31, 2026.

Rule 6-4.3(h) Education. The applicant must complete 50 credit hours of approved continuing legal education in civil trial law during the 3-year period immediately preceding the application date. Accreditation of educational hours is subject to policies established by the civil trial law certification committee or the board of legal specialization and education.

Attach a current printout reflecting completion of at least the minimum number of hours required to this application. To print a current record of your board certification CLE credits in civil trial law, visit www.floridabar.org, log in to your My Florida Bar account, and select "Show More" in the My Board Certifications section. Check "Show All" and select civil trial law from the drop-down menu. Select the "Credit History" tab and click the Print icon.

CIVIL TRIAL LAW CERTIFICATION

EXHIBIT "A"

REFERENCES

I. Attorney References (1 of whom is currently board certified in civil trial)

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in CT:

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in CT:

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in CT:

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in CT:

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in CT:

II. Judicial Reference (in the state of Florida before whom you have appeared as an advocate in the 2 years immediately preceding the application)

Name of Judge		Name of Circuit Court	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Appeared before within the 2-year period immediately preceding application.

III. Additional References

Please also list the names and addresses of three additional judges before whom you have appeared as an advocate.

1.

Name	Mailing Address	Email Address	Attorney Bar #
		Board Certified in CT:	<input type="checkbox"/>

2.

Name	Mailing Address	Email Address	Attorney Bar #
		Board Certified in CT:	<input type="checkbox"/>

3.

Name	Mailing Address	Email Address	Attorney Bar #
		Board Certified in CT:	<input type="checkbox"/>

CIVIL TRIAL LAW CERTIFICATION
EXHIBIT "B"

SUBSTANTIAL INVOLVEMENT

Instructions: Please **INITIAL** to indicate your understanding and agreement of the following.

- A. _____ I have, for a period of at least 5 years, been engaged in the practice of law of which at least 50 percent was spent actively participating in civil trial law.

OR as an officer of any judicial system:

_____ I have served as a judge in a court of general jurisdiction adjudicating civil trial matters.

Name of court: _____

Dates of service: _____

- B. _____ I have tried 15 contested civil trials, each involving substantial legal or factual issues in courts of general jurisdiction during my practice and have indicated so by **initialing** each of the statements below which accurately describes the cases I have handled. The answers I have provided correspond with the trials outlined within Exhibits B-1 and B-2, and/or Exhibit B-3 of this application.

1. _____ At least 5 of the 15 trials were jury trials, were conducted by me as lead counsel, and were submitted to the Trier of Fact on some or all of the issues.
2. _____ At least 4 of the 15 trials, including 2 jury trials and 2 trials conducted by me as lead counsel, were tried during the 5-year period immediately preceding application.

OR

_____ I have **not** tried 15 contested civil trials in courts of general jurisdiction during my practice, but I have tried at least 12 contested trials and have detailed the remainder of the substituted matters within Exhibit B-3 that I wish the Civil Trial committee to consider.

- C. I have been substantially involved in **contested civil matters** sufficient to demonstrate special competence as a civil trial lawyer within the 3 years immediately preceding application* as follows (please approximate): **Please complete all items, even if the number of matters conducted is zero.**

1. I have directed or conducted investigation in at least _____ civil matters.
2. I have planned and reviewed strategies and tactics for trial in at least _____ civil matters.
3. I have been involved in the pretrial process and have prepared pleadings, discovery and motion practice in at least _____ civil matters.
4. I have conducted discovery in at least _____ civil matters.

5. I have taken testimony in at least _____ civil matters.
6. I have presented evidence and argument in at least _____ civil matters tried by a jury.
7. I have presented evidence and argument in at least _____ civil matters without a jury.

D. I have the following trials which I am submitting to the civil trial committee for consideration. For extra trials I understand that I must have personally completed at least 3 of 5 components of these trials pursuant to Rule 6-4.2(e). I have listed these trials on Exhibit B-1 and/or Exhibit B-2.

1. _____ I have a jury trial(s) of 6 or more trial days to be considered for 2 trials.
2. _____ I have a jury trial(s) of 16 or more trial days to be considered for 3 trials.

EXHIBIT B-1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

1.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact <input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other	
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

2.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

3.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

4.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

1.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

2.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

3.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

4.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

5.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

6.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

7.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

8.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

9.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

10.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

11.

<input type="checkbox"/> Courts of General Jurisdiction <input type="checkbox"/> County Court Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel	Days in Trial:	Request for Consideration: <input type="checkbox"/> 6 or more trial days as 2 trials <input type="checkbox"/> 16 or more trial days as 3 trials
Components of the Trial:	Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give Opening Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Direct Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Cross Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Conduct Closing Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:	Amount Awarded:	
Trial Concluded By:	<input type="checkbox"/> Submitted trier of fact	<input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party:	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-3
TRIAL SUBSTITUTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

1.

<input type="checkbox"/> Evidentiary Hearing, Injunction, or Adversarial Proceedings		<input type="checkbox"/> Advanced Trial Advocacy Seminar	
<input type="checkbox"/> County Court Jury Trial			
Title of Case:			
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:	
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel		Days in Trial:	
Components of the Trial: Conduct Voir Dire Questioning?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Opening Statement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Direct Examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Cross Examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Closing Statement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Co-Counsel:			
If co-counsel, please explain in detail your role throughout the courtroom proceedings.			
Nature of Proceeding (10 words or less):			
Jurisdictional Amount in Controversy:		Amount Awarded:	
Trial Concluded By: <input type="checkbox"/> Submitted trier of fact <input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other			
If "Other" or "Settled" is indicated, please describe:			
Prevailing Party: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Date Tried/Concluded (month and year):	
Name(s) and Address(es) of Opposing Counsel:			

EXHIBIT B-3

TRIAL SUBSTITUTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

2.

<input type="checkbox"/> Evidentiary Hearing, Injunction, or Adversarial Proceedings <input type="checkbox"/> Advanced Trial Advocacy Seminar		
<input type="checkbox"/> County Court Jury Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel		Days in Trial:
Components of the Trial:		
Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Opening Statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Direct Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Cross Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Closing Statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:		Amount Awarded:
Trial Concluded By: <input type="checkbox"/> Submitted trier of fact <input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other		
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Date Tried/Concluded (month and year):
Name(s) and Address(es) of Opposing Counsel:		

EXHIBIT B-3

TRIAL SUBSTITUTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

3.

<input type="checkbox"/> Evidentiary Hearing, Injunction, or Adversarial Proceedings <input type="checkbox"/> Advanced Trial Advocacy Seminar		
<input type="checkbox"/> County Court Jury Trial		
Title of Case:		
Case Number:	Judicial Circuit:	Case Type: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury Jury Sworn In? <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name of Presiding Judge (list address if outside Florida):		Party Represented:
Role in Courtroom: <input type="checkbox"/> Lead Counsel <input type="checkbox"/> Co-Counsel		Days in Trial:
Components of the Trial:		
Conduct Voir Dire Questioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Opening Statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Direct Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Cross Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Closing Statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Co-Counsel:		
If co-counsel, please explain in detail your role throughout the courtroom proceedings.		
Nature of Proceeding (10 words or less):		
Jurisdictional Amount in Controversy:		Amount Awarded:
Trial Concluded By: <input type="checkbox"/> Submitted trier of fact <input type="checkbox"/> Settled <input type="checkbox"/> Mistried <input type="checkbox"/> Other		
If "Other" or "Settled" is indicated, please describe:		
Prevailing Party: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Date Tried/Concluded OR Date of Seminar (month and year):
Name(s) and Address(es) of Opposing Counsel:		

CIVIL TRIAL LAW CERTIFICATION
EXHIBIT "C"

CONTINUING LEGAL EDUCATION

Only hours not posted to your record as of this report should be reflected in this exhibit. The appropriate form and supporting documentation must be attached for each activity requested. Please note that not all educational activities qualify for certification credits. Details regarding what may be eligible for Civil Trial law certification CLE credit may be found in the Civil Trial law Standing Committee Policies. Forms to request credit for attending courses without Florida Bar course numbers, as well as for lectures, publications, and/or university credit may be found on the Continuing Legal Education Requirement web page at www.floridabar.org/CLER.

It is your responsibility to meet all certification requirements, including CLE, by the filing deadline. If you are submitting unapproved CLE activities for evaluation with this application, please understand approval is not guaranteed. If these submissions are not approved, you may be deemed ineligible for certification pursuant to BLSE Policy 2.14(c)(2)(A). **It is strongly encouraged that you submit all credit requests well before the filing deadline, so that you may determine whether you have met the CLE requirement timely.**

Activity Date(s)	Activity Type*	Title of Activity	Sponsor/Provider	Hours Requested	Approved Course #**

**Activity Types: Course Attendance, Individual/Home Study, Lecture, Written Material, University Teaching, University Attendance*

***Please provide Florida Bar Approved Course numbers, if applicable.*

THE FLORIDA BAR BOARD OF LEGAL SPECIALIZATION AND EDUCATION

651 East Jefferson Street, Tallahassee, Florida 32399-2300
1-800-342-8060, ext. 5842 * 850-561-5842 * Facsimile 850-561-9421
<http://www.flabar.org/certification>

CONFIDENTIAL PEER REVIEW STATEMENT

RE: (AREA OF CERTIFICATION)

TO: (Name)
(Address 1)
(Address 2)
(City, State Zip)

RE: (CERTIFICATION APPLICANT)

The lawyer named above has applied for board certification or recertification and you have been selected to attest to the applicant’s competence and professionalism.

THE CONTENT OF THIS FORM IS CONFIDENTIAL. THE APPLICANT HAS WAIVED ANY RIGHT TO REVIEW THIS PEER REVIEW STATEMENT AND IT IS IMPORTANT THAT YOU REGARD THIS FORM AND YOUR COMMENTS AS CONFIDENTIAL.

Only Board Certified Specialists have taken the extra steps to have their competence and expertise evaluated. Board certification establishes an independent measure of competence, professionalism and peer acknowledgement. A lawyer who is board certified is recognized as “having special knowledge, skills, and proficiency in the practice area and good character, ethics, and a reputation for professionalism in the practice of law.” These are the factors upon which you are asked to evaluate this applicant.

The BLSE encourages candid, objective, and verifiable responses. Peer review is essential to the evaluation of applicants for board certification and we appreciate your time. Please answer the following questions and return your completed form to the address above. To request an electronic version of this form, please contact the LSE Department at Certification@flabar.org.

- 1. I am sufficiently familiar with this applicant to evaluate his or her competence and professionalism for board certification. Yes No
- 2. I am sufficiently familiar with this applicant’s reputation in the legal community to evaluate his or her competence and professionalism for board certification. Yes No

If you answered “No” to questions 1 and 2, you may disregard the remainder of this reference form, sign page 4 and return it to our office. If you wish to add any comments, please do so.

- 3. I am currently employed with the applicant at the same firm, agency or Court. Yes No
- 4. I am related by blood or marriage to the applicant. Yes No
- 5. I am licensed to practice law. Jurisdiction: _____ Yes No

6. I have been acquainted with the applicant for approximately:

- 1 year or less 2-3 years 4-6 years 7-10 years 10+ years

7. I have had professional contact or been involved in matters significant to the referenced area of specialty with the applicant as follows:

- No Contact 1-2 times 3-4 times 5-6 times 7-10 times 10+ times

Briefly describe the extent of your professional contact and approximate date of your last involvement with or against the applicant.

8. I am board certified.

- Yes No

If yes, please indicate the area(s) of law: _____

9. I am a judge, mediator or arbitrator.

If no, please skip to Question 10.

If yes, please answer 9.A and 9.B., then skip to Question 12.

- Yes No

9A. Jurisdiction of Court

- County District Administrative
 Circuit Federal Other: _____

9B. I have presided over a matter in which the applicant has appeared before me in court.

- Yes No

10. My experience in the practice area in which the applicant has applied is:

11. The following percentage of my law practice is devoted to the applicant's referenced area of specialty:

- None up to 25% 25- 50% 50% +

12. Please use the ratings below to evaluate the applicant in comparison to other lawyers with whom you are familiar who practice in the same area of law in which the applicant has applied.

5 = Outstanding; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unknown.

N/A = Not Applicable

- a. Knowledge of substantive law: _____
- b. Ability to apply substantive knowledge to factual problems: _____
- c. Knowledge of procedural law: _____
- d. Preparation and completion of matters: _____
- e. Efficiency in the practice of law: _____
- f. Resourcefulness: _____
- g. Consideration of clients' interests: _____
- h. Reputation in the legal community as to character, ethical conduct and professionalism: _____
- i. Reputation in the legal community to handle matters: _____
- j. Courtesy towards court and counsel: _____
- k. If applicable, your opinion of the applicant's ability to try a case: _____
- l. If applicable, reputation in the legal community of the applicant's ability to try a case: _____
- m. If applicable, your opinion of the applicant's ability to handle complex matters: _____
- n. If applicable, effectiveness of court presentations: _____

Oral: _____
Written: _____

13. Do you have knowledge of any incidents in the applicant's law practice which, in your opinion, reflect conduct which has been undignified or discourteous to the court or towards opposing counsel?
 Yes No
If yes, please explain. _____

14. Do you have knowledge of any facts or circumstances that indicate the applicant is not presently able to represent clients with the competency and professionalism expected of a board certified lawyer?
 Yes No
If yes, please explain. _____

15. Do you have knowledge of any incidents reflecting insufficient skills, knowledge, proficiency or ethics in the referenced specialty that would lead you to question the applicant's entitlement to board certification?
 Yes No
If yes, please explain. _____

16. Please list the names and addresses of three other lawyers who might have particular knowledge about the applicant's practice in the referenced specialty and could be asked questions similar to those on this peer review form. Please do not list current partners or associates of the applicant.
1. _____
 2. _____
 3. _____

