



Legal Specialization Specialist Application

Please complete this application, print and mail with a check to:
Legal Specialization Commission, State Bar of New Mexico, 5121 Masthead NE, Albuquerque, NM 87109

Name: _____ Bar ID: _____

I. I hereby apply for specialization in _____ in accordance with the State Bar of New Mexico Legal Specialization Program Policies and Procedures administered by the State Bar of New Mexico Legal Specialization Commission.

II. I agree to abide by all Policies and Procedures of the Commission, as amended from time to time, and furnish the Commission such information as may be required to ascertain my eligibility for recertification.

III. I submit the following background information:

A. Firm or employer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

B. Home Address:

City: _____ State: _____ Zip: _____

Telephone: _____

C. Record of Admission to Law Practice

1. I certify that am currently licensed to practice law in New Mexico and in good standing with the State Bar of New Mexico.

2. State Bar Attorney ID#: _____

3. Date of Admission to practice law in New Mexico: _____

4. In addition to New Mexico, I am licensed to practice law in the following states. *Please include a certificate of good standing, issued within 3 months prior to the date of this application, from each additional state, other than New Mexico, with your application.

5. I am admitted to practice before the following courts:

D. Affiliation and Honors

I am a member of the following professional organizations and/or associations and have received the following honors:

E. Professional Liability Insurance

The minimum qualifications for specialty certification require that you have professional liability insurance with minimum limits as defined in Rule 16-104(C) NMRA.

Name of Carrier: _____

Policy Limits: _____

G. Disclosure of Misconduct, Discipline and Malpractice Claims

I hereby waive my right to confidentiality and authorize the Disciplinary Board to disclose to the Commission, and any of its subcommittees, my entire disciplinary history, including but not limited to, complaints filed against me, the disposition of such complaints, and public discipline, as well as any associated documents, records, files, pleadings and other such materials, formal or informal, pending or closed, or any other pertinent data, and to permit the Commission, or any of its members, agents or representatives to inspect such documents, records, and other information and materials.

By completing this application, I hereby voluntarily release and discharge from any and all liability whatsoever, and agree to hold harmless, the Disciplinary Board, the State Bar of New Mexico, the Legal Specialization Commission, and each of their respective subcommittees, programs, members, employees, volunteers and agents, for the provision or disclosure of such information, documents and materials by the Disciplinary Board to the Commission and its subcommittees, and the use of such information and documents by the Commission and its subcommittees.

IV. Substantial Involvement

The minimum qualifications for specialty certification require that you have been a practicing attorney for a minimum of five (5) years and that you make a satisfactory showing of substantial involvement in the practice of _____ in New Mexico during the three (3) year period immediately preceding this application.

Substantial involvement is measured by the type and number of cases or matters handled and the amount of time spent practicing in the family law area and requires that the time spent practicing family law be no less than twenty-five percent (25%) of your total full-time practice. Reasonable and uniform practice equivalents may be established, including, but not limited to, teaching, judicial service, government or corporate legal experience.

1. Please attach a complete statement of employment, i.e. curriculum vitae, for the last five (5) years. List the most recent employment first.
2. In an attached document, describe the details of your practice that meet the substantial involvement requirement.

V. Peer Review

Please provide five (5) references of whom one (1) must be a judge who hears or reviews family law cases, before whom the applicant has practiced during the last three (3) years, and four (4) attorneys, who have worked on cases with the applicant during the last three (3) years. The references provided must be familiar with the competence and qualifications of the applicant within the three (3) years preceding this application. These references should not be Legal Specialization Commissioners, fellow applicants or from your firm. Ideally, one reference would be opposing counsel. You may submit up to an additional two references if you desire. Please list the names and contact information (email, physical address, and phone number) for each reference below. Once your application is received, State Bar staff will email reference forms for you to collect references. Each reference will have 30 days in which to submit a recommendation on your behalf.

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

4. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

5. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Additional references – not required

6. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

7. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

VI. Continuing Education

The minimum qualifications for specialty certification require that you have completed not less than thirty-six (36) hours of continuing legal education in Family Law in the three (3) year period preceding this application or by December 31 of the application year. Continuing legal education obtained for this requirement must comply with Rule 18-204 NMRA.

By signing and submitting this application, I certify I have met the above educational requirement.

VII. Application Fee

Please enclose your check for the application processing fee of three hundred fifty dollars (\$350.00), made payable to State Bar of New Mexico.

Please note - this is an application processing fee and is non-refundable.

VIII. Notification of Change in Status

I agree to notify the Legal Specialization Commission in the event of any change in status that may affect this application, including disbarment or suspension for any reason.

IX. Waiver and Release

I hereby authorize all educational institutions, governmental agencies, associations (including but not limited to bar associations, bar examiners, disciplinary boards, regulatory agencies, and boards of professional responsibility), employers, references, business and professional associates (past and present) to release to the Legal Specialization Commission and the State Bar of New Mexico, all relevant documents, records or other information that may be requested in the investigation of this application.

- A. I hereby waive any right to review or have any access to statements of reference provided to the Commission in relation to this application. I understand that statements of reference will become part of my official file with the Commission.
- B. I hereby release, discharge and exonerate the Legal Specialization Commission, the State Bar of New Mexico, and agents and representatives from all liability arising out of the investigation and ultimate decision.

X. Certification

I have carefully read the foregoing application and certify that the information therein is true to the best of my knowledge and belief. I understand that failure to make truthful disclosure of any material fact or item of information required may result in denial of my application or revocation of my specialization.

Printed Name of Applicant _____ **Bar#** _____

Signature of Applicant _____ **Date** _____