

**Malpractice Panel Participation**  
**Medical &/or Legal Malpractice**

Please complete this form and return to ***Tarrant County Bar Association Lawyer & Referral & Information Service*** in order to participate in any malpractice area.

\_\_\_\_\_  
Attorney Name

*I declare that:*

I am Board Certified in ***Personal Injury Trial Law*** or ***Civil Trial Law*** by the ***Texas Board of Legal Specialization***, such certification being effective \_\_\_\_\_.

**OR**

I have prepared and handled at least two cases in the area(s) specified below within the past **TWO** years. The relevant information for each is listed below:

**Medical Malpractice**

Case Number	Court and Cause Number	Type of Case
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a.

b.

**Legal Malpractice**

Case Number	Court and Cause Number	Type of Case
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a.

b.

I certify that I am competent to handle cases referred to me in these field(s).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)