

The North Carolina State Bar Board of Legal Specialization

DECLARATION OF INTENT TO APPLY FOR SPECIALTY CERTIFICATION

Name: \_\_\_\_\_ State Bar #: \_\_\_\_\_

Date: \_\_\_\_\_ Number of years in practice: \_\_\_\_\_

Practice Area:

- |  |   |
|--|---|
| <input type="checkbox"/> Appellate Practice              | <input type="checkbox"/> Immigration Law            |
| <input type="checkbox"/> Bankruptcy Law                  | <input type="checkbox"/> Real Property Law          |
| <input type="checkbox"/> Criminal Law                    | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Criminal - Juvenile Delinquency | <input type="checkbox"/> Trademark Law              |
| <input type="checkbox"/> Elder Law                       | <input type="checkbox"/> Utilities Law              |
| <input type="checkbox"/> Estate Planning and Probate     | <input type="checkbox"/> Workers' Compensation      |
| <input type="checkbox"/> Family Law                      |   |

Year of planned application: \_\_\_\_\_

*Submission of this declaration form allows the specialization staff to review the applicant's progress toward meeting the standards for certification as well as to keep the applicant informed of application deadlines and other available resources. No payment is due with the declaration.*

- Please keep me informed of deadlines and specialization program changes.
- Please add me to the monthly email newsletter distribution list.
- Please contact me regarding my progress toward meeting the requirements for specialty certification.

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Submit completed form by email to: [dmullen@ncbar.gov](mailto:dmullen@ncbar.gov) or fax to: 919-719-9339.