

Minnesota State Bar Association
Certified ▲ Specialist
Civil Trial Law

Verification with Notary: Specialist Certification

Print or type information.

Lawyer Applicant Name

I, _____, being duly sworn, certify that I have carefully read the foregoing application and that all information contained therein is true. I fully understand that failure to make a truthful disclosure of any required fact or item of information may result in the denial of my application, or revocation of my Specialist Certification if granted.

Date: _____
Signature of Applicant Lawyer

State of Minnesota, County of _____

Signed and sworn to before me on _____, by _____
(month/day/year)

(insert name of Applicant Lawyer)

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)