



The State Bar of California
Department of Legal Specialization
180 Howard Street · San Francisco, CA 94105-1617
(415) 538-2120

Submit via inquiry form: [Licensee Records and Compliance Inquiry Form](#)

California Board of Legal Specialization
Proposed New Specialty Application

APPLICANT INFORMATION

Name of Applicant or Organization: _____

Are you currently certified in a specialty area?: Yes ☐ No ☐

If yes, specialty area: _____ Entity Certifying Specialty Area: _____

Address of Applicant or Organization: _____

City: _____ State: _____ Zip: _____ + _____

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____ Signature: _____

NEW SPECIALTY INFORMATION

Attach additional sheets if necessary.

1. Area of law/specialty field: _____

2. Definition of the proposed specialty: _____

3. Does the State Bar, other bar or professional organization have a practice section or committee in this specialty field?: Yes ☐ No ☐

If yes, describe: _____

4. Describe the perceived need: _____

5. Describe the potential value: _____

6. Describe the substantive feasibility: _____

7. Describe the degree of interest and support: _____

8. Describe the practical viability: _____

9. Other information on the proposed area of law/specialty field: _____