

A. GENERAL INFORMATION

B. PARTICIPATION UNITS

Trials:			
1	NAME OF COURT		
	NAME OF PRESIDING JUDGE		DATES OF TRIAL
	SHORT TITLE OF CASE		
	PARTY REPRESENTED BY PETITIONER		
	LENGTH OF TRIAL IN DAYS (NET OF TIME TAKEN IN VOIR DIRE AND MOTIONS IN LIMINE)		
2	NAME OF COURT		
	NAME OF PRESIDING JUDGE		DATES OF TRIAL
	SHORT TITLE OF CASE		
	PARTY REPRESENTED BY PETITIONER		
	LENGTH OF TRIAL IN DAYS (NET OF TIME TAKEN IN VOIR DIRE AND MOTIONS IN LIMINE)		

3	NAME OF COURT			
	NAME OF PRESIDING JUDGE			DATES OF TRIAL
	SHORT TITLE OF CASE			
	PARTY REPRESENTED BY PETITIONER			
	LENGTH OF TRIAL IN DAYS (NET OF TIME TAKEN IN VOIR DIRE AND MOTIONS IN LIMINE)			
4	NAME OF COURT			
	NAME OF PRESIDING JUDGE			DATES OF TRIAL
	SHORT TITLE OF CASE			
	PARTY REPRESENTED BY PETITIONER			
	LENGTH OF TRIAL IN DAYS (NET OF TIME TAKEN IN VOIR DIRE AND MOTIONS IN LIMINE)			
5	NAME OF COURT			
	NAME OF PRESIDING JUDGE			DATES OF TRIAL
	SHORT TITLE OF CASE			
	PARTY REPRESENTED BY PETITIONER			
	LENGTH OF TRIAL IN DAYS (NET OF TIME TAKEN IN VOIR DIRE AND MOTIONS IN LIMINE)			

C. OBSERVATION UNITS

Petitioner has observed the following qualifying trials under the supervision of a member of the trial bar of this court and consulted

with that member about it:

1	NAME OF COURT				DATES OF TRIAL	
	SHORT TITLE OF CASE					
	NAME OF SUPERVISING ATTORNEY		LAST NAME		FIRST NAME	MIDDLE NAME/INITIAL
	ADDRESS OF SUPERVISING ATTORNEY	FIRM OR BUSINESS NAME				
		STREET ADDRESS				ROOM NUMBER
		CITY		COUNTY	STATE	ZIP
	2	NAME OF COURT				DATES OF TRIAL
SHORT TITLE OF CASE						
NAME OF SUPERVISING ATTORNEY		LAST NAME		FIRST NAME	MIDDLE NAME/INITIAL	
ADDRESS OF SUPERVISING ATTORNEY		FIRM OR BUSINESS NAME				
		STREET ADDRESS				ROOM NUMBER
	CITY		COUNTY	STATE	ZIP	

D. SIMULATION UNITS

Petitioner has participated in the following simulated trials which are recognized by the Court as being adequately supervised:

1	NAME AND ADDRESS OF INSTITUTION CONDUCTING THE SIMULATED TRIAL	NAME OF INSTITUTION, ASSOCIATION, ETC.			
		STREET ADDRESS			ROOM NUMBER
		CITY	COUNTY	STATE	ZIP
	NAME OF PERSON SUPERVISING SIMULATION				
	TYPE OF SIMULATION AND DATE(S) HELD				

2	NAME AND ADDRESS OF INSTITUTION CONDUCTING THE SIMULATED TRIAL	NAME OF INSTITUTION, ASSOCIATION, ETC.			
		STREET ADDRESS			ROOM NUMBER
		CITY	COUNTY	STATE	ZIP
	NAME OF PERSON SUPERVISING SIMULATION				
	TYPE OF SIMULATION AND DATE(S) HELD				

I, the above-named, have filed a petition for admission to the Trial Bar of the Court. In further support of my petition I do solemnly swear (or affirm) as follows: (a) I have read each of the answers given in the petition and they are true and correct; (b) I have read Local Rule 83.11 of this Court, as amended, concerning the criteria for admission to the Trial Bar, including without limitation the provisions defining the nature of a testimonial proceeding and of a qualifying trial for which credit units will be granted; (c) Each and every one of the trials or hearings listed in my petition for which I have requested participation units meets the requirements of the Rules; and (d) I have read Local Rules 83.11(f) and 83.11(g) concerning the duties of members of the Trial Bar and will faithfully perform such duties when called upon to do so.

I declare under penalty of perjury that the foregoing is true and correct.

 Date

 Signature

Under 28 U.S.C. §1746, this declaration under penalty of perjury has the same force and effect as a sworn declaration made under oath.

FOR OFFICE USE ONLY

B1	_____	+B2	_____	+B3	_____	+B4	=	TOTAL	_____
C1	_____	+C2	_____	+	Total or 2				_____
D1	_____	+D2	_____	whichever is less					_____

TOTAL _____

Checked by Deputy _____

Date _____

(Fee Stamp)