

APPLICATION FOR INCLUSION IN THE AAJ EXCHANGE EXPERT DATABASE

You may submit your expert profile to the Exchange Expert Database if you have professional references from at least two AAJ members. The fee for registering with the AAJ Exchange for three years is \$295. During this period, your listing will be maintained by Exchange staff and you may update your profile at no additional cost.

EXPERT WITNESS INFORMATION

Mr. Ms. Mrs. Dr. Rev.

Name _____

Organization/Employer _____

Address _____

City _____ State _____ Zip _____

Daytime phone (____) _____ Fax (____) _____

Cell phone _____

E-mail Address _____

Web site _____

Occupation _____

Degree (select all that apply):

- | | | | |
|--------------------------------|-------------------------------|------------------------------|-----------------------------|
| <input type="radio"/> A.I.A. | <input type="radio"/> C.P.A. | <input type="radio"/> J.D. | <input type="radio"/> M.S. |
| <input type="radio"/> B.A. | <input type="radio"/> C.S.I. | <input type="radio"/> M.A. | <input type="radio"/> P.E. |
| <input type="radio"/> B.S. | <input type="radio"/> C.S.P. | <input type="radio"/> M.B.A. | <input type="radio"/> Ph.D. |
| <input type="radio"/> B.C.F.E. | <input type="radio"/> D.D.S. | <input type="radio"/> M.D. | <input type="radio"/> R.N. |
| <input type="radio"/> C.F.E.1. | <input type="radio"/> D.V.M. | <input type="radio"/> M.Ed. | |
| <input type="radio"/> C.F.P.S. | <input type="radio"/> I.C.B.O | <input type="radio"/> M.H.S. | |
- Other, please specify _____

Area of Expertise/Specialty _____

Type of case(s) on which you typically consult (select all that apply):

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="radio"/> Admiralty | <input type="radio"/> Products Liability: Automobiles/
Crashworthiness |
| <input type="radio"/> Aviation | <input type="radio"/> Products Liability: Household
Goods/Equipment |
| <input type="radio"/> Civil Rights | <input type="radio"/> Products Liability: Industrial/
Construction |
| <input type="radio"/> Commercial | <input type="radio"/> Products Liability: Pharmaceuticals/
Medical Devices |
| <input type="radio"/> Consumer Protection/Rights | <input type="radio"/> Professional Negligence
(non-medical) |
| <input type="radio"/> Elder Care/Nursing Homes | <input type="radio"/> Railroad |
| <input type="radio"/> Employment | <input type="radio"/> Slip and Fall |
| <input type="radio"/> Environmental | <input type="radio"/> Workplace Injury/Workers'
Compensation |
| <input type="radio"/> Family | |
| <input type="radio"/> Government Liability | |
| <input type="radio"/> Inadequate Security | |
| <input type="radio"/> Insurance Law | |
| <input type="radio"/> Medical Negligence/HMOs | |
| <input type="radio"/> Motor Vehicle Collision/
Highway Design | |
- Other, please specify _____

CASE INFORMATION (IF APPLICABLE)

Witness for: Plaintiff Defense Date Retained _____/_____/_____

Jurisdiction: _____

Docket Number _____

Case Name _____

Defendant(s) Name(s) _____

Abstract/Comments _____

EXPERT WITNESS EXPERIENCE

Please indicate whether you have:

Performed consulting on behalf of the following:

- Plaintiff Defendant Both

Previously testified as an expert witness:

- Yes No

Since what year have you been an expert witness or consultant? _____

BASIS FOR APPLICATION

Required: Please provide the names of two AAJ members as professional references.

Name of AAJ Member _____

City _____ State _____

Name of AAJ Member _____

City _____ State _____

CURRICULUM VITAE OR RESUME

- Attached
 Will arrive under separate cover.

METHOD OF PAYMENT

\$295 Three-Year Subscription Fee

- Check is enclosed (payable to AAJ Exchange)
 Charge my: American Express MasterCard VISA

Card No. _____

Exp. Date _____

Cardholder Name _____

Signature _____

Please read the following and sign where indicated:

By my signature below, I certify that, to the best of my knowledge, the information contained in this application is true. I understand that my name and related information about my consulting work may be given to AAJ plaintiff members in accordance with stated policies of the AAJ Exchange. Furthermore, I understand that AAJ does not evaluate individual experts, does not recommend or endorse experts, and does not attest to experts' qualifications or experience. Finally, I acknowledge that AAJ does not guarantee that contact made by AAJ members will result in the use of my services.

Expert Signature _____

Date _____

SUBMIT YOUR APPLICATION FOR THE AAJ EXCHANGE EXPERT DATABASE TODAY!

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Washington, DC 20001

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202-965-3500, ext. 8615