

Have you recently worked with a noteworthy expert? Have you encountered an expert—plaintiff or defense—that you would like to tell your colleagues about? Share this information through the AAJ Exchange Expert Database by completing this form.

I. Reporting Member Information

Name _____
(First, Middle, Last)
AAJ Member Number _____
Firm Name _____
Address _____

City _____ State _____ Zip _____
Daytime phone (____) _____ Fax (____) _____
E-mail _____

II. Expert Witness Information

Mr./Ms./Mrs./Dr./Rev.
Name _____
Organization/Employer _____
Address _____

City _____ State _____ Zip _____
Daytime phone (____) _____ Fax (____) _____
Cell phone _____
E-mail _____
Web site _____
Occupation _____

Degree (select all that apply):

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

Other, please specify _____

Area of Expertise/Specialty _____

Type of case(s) on which expert typically consults (select all that apply):

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

III. Case Information (if applicable)

Witness for: Plaintiff Defense Date Retained _____ / _____

Jurisdiction: _____

Docket Number _____

Case Name _____

Defendant(s) Name(s) _____

Abstract/Comments _____

IV. Expert Witness Experience

Please indicate whether the expert has:

Performed consulting on behalf of the following:

Plaintiff Defendant Both

Previously testified as an expert witness: Yes No

Since what year has he/she been an expert witness or consultant? _____

V. Expert's Curriculum Vitae or Resume

Attached Will arrive under separate cover.

VI. Please read the following and sign where indicated:

By submitting this information to the AAJ Exchange, I allow my name and case information to be added to the Expert Database. By using the Exchange, I agree to respond when contacted by other plaintiff AAJ members investigating the expert and to share information with those members as deemed appropriate.

Additionally, AAJ recommends that you inform the expert that you are submitting his or her information for inclusion in the Exchange Expert Database, where it will be made available to other plaintiff AAJ members.

Member Signature _____

Date _____

Listing in the AAJ Exchange Expert Database is FREE!

Mail: AAJ Exchange
1050 31st Street, NW
Washington, DC 20007

Fax: 202-337-0977
Phone: 800-344-3023
or 202-965-3500, ext. 615

