

## 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 subscribing 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.

### I. 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="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 you typically consult (select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Admiralty                                 | <input type="checkbox"/> Products Liability: Automobiles/<br>Crashworthiness     |
| <input type="checkbox"/> Aviation                                  | <input type="checkbox"/> Products Liability: Household<br>Goods/Equipment        |
| <input type="checkbox"/> Civil Rights                              | <input type="checkbox"/> Products Liability: Industrial/<br>Construction         |
| <input type="checkbox"/> Commercial                                | <input type="checkbox"/> Products Liability: Pharmaceuticals/<br>Medical Devices |
| <input type="checkbox"/> Consumer Protection/Rights                | <input type="checkbox"/> Professional Negligence<br>(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'<br>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<br>Design |  |

Other, please specify \_\_\_\_\_

### II. Case Information (if applicable)

Witness for:  Plaintiff  Defense Date Retained \_\_\_\_\_ / \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Docket Number \_\_\_\_\_

Case Name \_\_\_\_\_

Defendant(s) Name(s) \_\_\_\_\_

Abstract/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. 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? \_\_\_\_\_

### IV. 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 \_\_\_\_\_

### V. Curriculum Vitae or Resume

Attached

Will arrive under separate cover.

### VI. Method of Payment of \$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 \_\_\_\_\_

### VII. 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 plaintiff AAJ 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!**

**Mail:** AAJ Exchange  
1050 31<sup>st</sup> Street, NW  
Washington, DC 20007

**Fax:** 202-337-0977

**Phone:** 800-344-3023  
or 202-965-3500, ext. 615