

## Application for Board of Magistrates

All applicants must fill out this form and attach a résumé. Send to: Qualifications Advisory Committee (Attn: Sue Bickel), Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909. Qualifying applicants will be scheduled for an interview with the QAC.

Name		Phone	
Address		Alternate Phone	
Address		E-mail	
City	State	Zip Code	P Number

*This section is to be completed only by those applicants interviewed and recommended in November 2008 who are not requesting a new interview*

I certify that there has been no material change in my qualifications and that I am still a member in good standing of the State Bar of Michigan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(You do not need to complete the rest of this application form.)*

The statute requires that applicants must either have passed an examination or have five years of legal experience as an attorney in the field of workers' compensation. Please indicate below how you qualify:

- I have previously passed the examination. The approximate date on which I took the exam was \_\_\_\_\_.
- I wish to take the examination on September 14, 2009.
- I have five years of legal experience as an attorney in the field of workers' compensation.

All applicants must complete the table below. Obviously, however, this is of great importance to applicants basing their eligibility on five years of legal experience.

The act provides:

To meet the requirement of 5 years' legal experience as an attorney in the field of worker's compensation, an applicant must document to the qualifications advisory committee a period of time totaling 5 years during which the applicant met 1 of the following criteria:

- (a) A significant portion of the applicant's personal practice has been in active worker's compensation trial practice representing claimants or employers.
- (b) A significant portion of the applicant's personal practice has been in active worker's compensation appellate practice representing claimants or employers.
- (c) Service as a member of the former worker's compensation appeal board or the worker's compensation appellate commission.

Please enter which of the above categories under which you qualify (enter a, b, or c) and the time period for that category. For each time period, indicate the approximate percentage of your working time that was devoted to workers' compensation, the approximate number of workers' compensation cases that you worked on, and if it was a trial practice, the name of the magistrate or magistrates before whom you most frequently practiced.

Category	Time Period	% of Time	No. of Cases	Magistrate

Attach a résumé.

Signature \_\_\_\_\_ Date \_\_\_\_\_