

**Mail Original Form to:**  
 Department of Labor and Industries  
 Special Assistant Attorney General Program  
 Third Party Section  
 PO Box 44288, Olympia, WA 98504-4288



# Application for Inclusion on List of Eligible Attorneys

Name:	Phone #:	Fax #:
Firm:	Email address:	
Address:		
City:	State:	Zip:

Active member of State Bar Association:  No  Yes WSBA number:

I have an attorney trust account that complies with the Washington Rules of Professional Conduct. <input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Bank or Institution:	Account number:
I have in force professional liability insurance. <input type="checkbox"/> No <input type="checkbox"/> Yes	
Insurance carrier:	Policy number:

Other States licensed in ( <i>Bar # for other states</i> ):
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<b>Areas of emphasis in Tort Law:</b>				
<input type="checkbox"/> Product Liability	<input type="checkbox"/> MVA	<input type="checkbox"/> Premise Liability	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Slip/Fall
<input type="checkbox"/> Construction	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Legal Malpractice	
Other languages spoken fluently:			Counties where you are willing to practice:	

**Accept cases with L&I claim costs:**  under \$1,000  \$1,000 - \$5,000  over \$5,000

I agree to inform the Department of Labor and Industries of any changes to my qualification as stated above. I recognize that this application, and inclusion on the list, does not give me any right to or expectation of employment as a Special Assistant Attorney General. In the event any potential conflict of interest arises, the attorney must notify the Department in writing of the existence and nature of the potential conflict within 20 calendar days.

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

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

\_\_\_\_\_  
 UBI #: SS# or Fed ID #: L&I Account #: