AMERICAN ACADEMY OF ADOPTION ATTORNEYS AND/OR AMERICAN ACADEMY OF ASSISTED REPRODUCTIVE TECHNOLOGY ATTORNEYS APPLICATION FOR PROVISIONAL MEMBERSHIP (INCLUDING INTERNATIONAL)

Thank you for your interest in becoming a Provisional Member of the American Academy of Adoption Attorneys and/or the American Academy of Assisted Reproductive Technology Attorneys (collectively referred to as the "Academy"). Provisional membership is available by invitation to attorneys licensed to practice within a state of the United States, the District of Columbia, a territory of the United States, or a province of Canada, or otherwise authorized to practice law in any other nation, who meet certain requirements as described in the Academy Bylaws.

Benefits of Provisional Membership include the following:

- Ability to cross- refer cases throughout the United States and abroad to qualified adoption and/or assisted reproductive technology ("ART") practitioners;
- Network via referrals and interactions with other practitioners in the field;
- Ability to attend "state of the art" CLE conferences and webinars;
- Access to on-line Membership Directory to locate other adoption and ART practitioners;
- Confidence that the practitioners listed are sufficiently qualified in other states and countries to handle adoption and/or ART matters;
- Coordination of legislative and public education efforts;
- Coordination of legal research;
- Notification via the listserv of recent developments and case decisions;
- Ability to call upon the amicus committee for the Academy to take a position in cases on appeal;
- Support and re-enforcement of ethical practices;
- Built in body of adoption and ART "advisors" via the listserv and at comprehensive and substantive conferences; and
- Growth of your practice through Academy networking

The Academy Bylaws, Article IV, Section 11, set forth the requirements for Provisional membership:

Section 11. Provisional Academy Membership.

(a) Provisional Membership shall be open to attorneys licensed to practice within a state of the United States, the District of Columbia, a territory of the United States, or a province of Canada, or otherwise authorized to practice law in any other nation. Criteria for membership shall include, but not be limited to, the requirements that:

(1) the attorney and the attorney's law practice are reputed, and continue to be of the highest standards of ethics, competence, and professionalism;

(2) the attorney complies with the Code of Ethics, Grievance Procedures, and these

Bylaws;

(3) the attorney has acted as counsel in at least:

(i) twenty-five (25) adoption proceedings, five (5) of which must have involved interstate compact placements, or for attorneys not licensed to practice within a state of the United States, the District of Columbia, or a territory of the United States, five (5) of which must have involved international placements with a United States component; or (ii) twenty-five (25) diverse assisted reproductive technology matters as defined in Section 4 of this Article;

- (4) the attorney is proficient in the English language; and
- (5) the attorney has engaged in the practice of law for at least three (3) years.

The Academy President and the Board of Trustees have authorized the application process for membership in the Academy. Please complete the application carefully and follow the directions to assure prompt handling of your application. While the application at first glance may appear cumbersome, it is relatively straight-forward and user-friendly.

IMPORTANT: Please read the Academy Code of Ethics provided with this application prior to applying to the Academy. You must be in compliance with the Code and agree to remain in compliance.

Please complete and submit the following to Jennie Sullivan, Academy Executive Administrator, 859 Riverside Drive, #11, Greenwood, IN 46142:

- a. Application form (**remember to sign it**) with your signed releases and named references along with any accompanying materials.
- b. Your **Non-Refundable** application fee of \$150.00 payable to "American Academy of Adoption Attorneys." Also note that if you are offered membership, the \$375.00 annual dues must be paid in order for you to become an Academy Provisional Member.
- c. Copies of the following documents used in your legal practice:
 - i. Any attorney advertisements or brochures you disseminate related to your adoption and/or ART practice; and
 - ii. Any fees and expenses materials, including fee agreements, employment contracts or agency fee materials, if your fees are included, related to your adoption and/or ART practice.
- d. Your completed case grid form(s) as follows:
 - i. If you are applying to the American Academy of Adoption Attorneys please verify that you have completed at least twenty-five (25) adoption matters. Of those twenty-five proceedings, five (5) must have involved interstate compact placements, or for attorneys not licensed to practice within a state of the United States, the District of Columbia, or a territory of the United States, five (5) must have involved international placements with a United States component. You should put the month and year for each concluded proceeding in the appropriate block for each matter, filling in only one date per row for all twenty-five rows. To ensure client

confidentiality, you **should not** list clients by their names or their initials in the grid.

ii. If you are applying to the American Academy of Assisted Reproductive Technology Attorneys please verify that you have completed at least twenty-five (25) diverse ART matters. You may not use the same client(s) for more than one row. You should put the month and year for each concluded proceeding in the appropriate block for each matter, filling in only one date per row for all twenty-five rows. To ensure client confidentiality, you should not list clients by their names or their initials in the grid.

If you have any questions about applying or need clarification, please contact: <u>Academy Executive Administrator</u> Jennie Sullivan <u>admin@adoptionattorneys.org</u> 317-407- 8422

If you want to know the status of your application, or have other questions about your application, please contact:

Adoption Membership Chair John Greene jrgreenelaw@comcast.net 410-878-7230

ART Membership Chair Meryl Rosenberg membership@aaarta.org 301-217-0074

Part I: General Information (To be completed by all applicants):

* * * * *

1. Name: Date of Birth:		Date of Birth:
2.	Firm Name:	No. of Attorneys:
3.	Business Address:	
4.	Office Phone:	_ Fax :
	Cell Phone (optional):	
	Home Phone (optional):	
5.	E-Mail:	

6.	Website URL (e.g., www.babiesareus.com):
7.	Your Firm's Practice Areas:
8.	Your Practice Areas:
9.	State(s) and Date(s) of Bar Admission(s)
	State Bar Number(s)
10.	Total Years in Practice:
	Years Handling Adoptions (if applicable):
	Years Handling ART Matters (if applicable):
11.	Previous or concurrent occupation(s) separate from law practice (including dates):
12.	Colleges and Universities attended: Degrees/Dates:
13.	Honors:
14.	Publications:

- 15. Professional/Civic Organizations:
- 16. Hobbies/Interests/Volunteer Experience:
- 17. Have you previously applied for membership in the Academy (either AAAA or AAARTA? ______

If yes, year and outcome of application: _____

18. Have you ever been convicted of a crime, or do you now have any criminal charges pending against you?

If yes, please provide a detailed explanation of each case, by attachment, if necessary.

19. Have you ever been professionally disciplined, or do you now have pending any matter of professional discipline? ______

If yes, please provide a detailed explanation of each matter, by attachment, if necessary.

20. Have you ever been sued for malpractice or professional negligence, including counterclaims? _____

If yes, please provide a detailed explanation of each case including jurisdiction, case number, date, nature of case, outcome or current status, along with any relevant documents.

21. Please give us a short narrative as to why you want to become a Provisional Fellow of the Academy.

Part II: Adoption Information (To be completed by those applying to AAAA):

22. What percentage of your practice is adoption? _____%

- 23. Total number of terminations of parental rights, relinquishments and/or adoptions (collectively "adoptions") you have handled as an attorney (including as guardian ad litem):
 - a. What percentage were:

%
%
%
%
%
%

ii.	International:		
	Independent		%
	Agency		%
	Contested/Litigated		%
	Other (describe)		%
		Total	100%

b. What percentage were agency finalizations or international re-adoptions, only?

%

%

In what p	ercentage did you represent:	
i.	Birth parent(s)	
ii	Adoptive parent(s)	

ii.	Adoptive parent(s)	%
iii.	Governmental agency	%
iv.	Private licensed adoption agency	%
v.	Child(ren)	%
vi.	Other (describe)	%

24. Number of adoptions in the past two years:

c.

Current Year: _____ Last Year: _____

- 25. In how many interstate or inter-country placements have you been involved where you were assisting in an adoption that involved the interstate compact application or a United States component (Note that you need at least 5 total.)?
 - a. Between which states/countries?
 - b. Identify any AAAA attorneys you worked with in the other states/countries.
 - c. Describe your involvement.

d. For interstate placements, how many required ICPC approval?

26. Number of international adoptions in the past 2 years and between which countries:

Total Number: _____

Current year:	Countries:	
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Re-finalization only: _____

Full adoption process: _____

Last year: _____ Countries: _____

Re-finalization only: _____

Full adoption process: _____

27. If you regularly represent (or handle adoptions involving) licensed adoption agencies, please provide the agency name, address, telephone number and name of a contact person for each such agency:

28. If you regularly represent (or handle adoptions involving) facilitators (those who match birth parents and adoptive parents, but are not licensed as child placing agencies), please provide the facilitator's name, address, telephone number and name of a contact person for each such facilitator:

- 29. Please provide names of all AAAA or AAARTA Fellows (not already identified in item 25) with whom you have worked or consulted on any adoption related cases, with whom you may have given presentations, and/or who may be familiar with your work in adoption matters:
- 30. Please list any Continuing Legal Education (CLE) credit hours that you have attended in adoption, either sponsored by AAAA/AAARTA or another group. Also
- attended in adoption, either sponsored by AAAA/AAARTA or another group. Also indicate if you have taught or given any presentations at any adoption conferences and, if so, then include your presentation outline with this application.

CLEs Attende	d

DATE	COURSE/CONFERENCE TITLE	LOCATION	<u>#OF CLE</u> <u>CREDITS</u>

CLEs Presented

DATE	COURSE/CONFERENCE TITLE	LOCATION	<u>#OF CLE</u> <u>CREDITS</u>

Part III: ART Information (To be completed by those applying to AAARTA):

31. What percentage of your practice is ART?

%

32. Approximate total number of ART matters you have handled as an attorney:

a. What estimated percentage were: i. Drafting ART Agreements % ii. Negotiating or Revising ART Agreements % _____ iii. Obtaining Pre-Birth Orders _____ % iv. Obtaining Parentage Orders _____ % v. Handling Adoptions Relating to ART Matters _____% vi. Other Birth Certificate Amendment Procedures ____ % vii. Contested ART Matters _____% viii.Other (describe) % Total 100% b. In what estimated percentage did you represent: i. Surrogate or Gestational Carrier % ii. Intended Parent(s) % iii. Egg Donor(s) % iv. Sperm Donor(s) % v. Embryo Donor(s) _____% vi. Medical Clinics % vii. Private Coordinating Programs % viii. Other (describe) % Total 100%

33. Number of ART matters in the past two years:

Current Year: _____ Last Year: _____

34. In approximately how many ART matters have you been involved in which you were working with conflict or coordination of law issues and attorneys in other states or countries?

a. Between which states/countries?

b. Identify any AAAA and AAARTA attorneys you worked with in the other states/countries.

c. Describe your involvement.

35. Number of international ART Matters in the past 2 years and between which countries:

Total Number:
Current year: Countries:
Re-finalization only:
Full adoption process:
Last year: Countries:
Re-finalization only:
Full adoption process:
If you regularly represent (or handle ART matters involving) surrogacy or egg donor programs, please provide the program name, address, telephone number and name of a contact person for each such program:

37. If you regularly represent (or handle ART matters involving) any medical facilities or fertility clinics, please provide the clinic name, address, telephone number and name of a contact person for each such facility:

38. Please provide names of all AAAA or AAARTA Fellows (not already identified in item 34) with whom you have worked or consulted on any ART related cases, with whom you may have given presentations, and/or who may be familiar with your work in ART matters:

39. Please list any Continuing Legal Education (CLE) credit hours that you have attended in ART, either sponsored by AAAA/AAARTA or another group. Also indicate if you have taught or given any presentations at any ART conferences and, if so, then include your presentation outline with this application.

CLEs Attended

DATE	COURSE/CONFERENCE TITLE	LOCATION	<u>#OF CLE</u> <u>CREDITS</u>

CLEs Presented

DATE	COURSE/CONFERENCE TITLE	LOCATION	<u>#OF CLE</u> <u>CREDITS</u>

REFERENCES

Provide the names, addresses, telephone numbers and <u>e-mail addresses</u> of at least five people who are familiar with your work in adoption and/or ART. These references may not include employees, clients (except for agencies), members of your firm or members of your family. Please include at least one current Academy Fellow whose practice encompasses adoption and/or ART, as appropriate, and who has personal knowledge of your practice and qualification. You also may include a judge or justice or adoption agency representative. Please ask each of your references to complete the Application Questionnaire and ask that they be returned directly to the appropriate Membership Chair listed at the beginning of this application. At least four questionnaires should be returned for your application to be complete.

(1)	 (Academy Fellow)
(2)	
(3)	
(4)	
(5)	

Please provide either a statement/letter from your state/country/province confirming active bar membership OR contact information for the same, and contact information for investigation of disciplinary actions.

Website, and email, if possible, of Organization Able to Confirm Bar Membership:

Website, and email, if possible, of Organization for Investigation of Disciplinary Actions:

TERMS AND CONDITIONS RELEASE OF LIABILITY

I declare under penalty of perjury that the statements in this application for membership are true, accurate and complete. I authorize any bar association, court, lawyer disciplinary organization, or law enforcement agency to disclose matters pertaining to me to the American Academy of Adoption Attorneys and the American Academy of Assisted Reproductive Technology Attorneys (the "Academy") in connection with its investigation of my application for membership.

I hereby release, discharge and exonerate the Academy, its officers, directors, members, fellows, agents and representatives, and any and all persons or agencies furnishing information in connection with this application, from any and all liability of every nature and kind arising out of the furnishing of such information, whether communicated orally or in writing. I further waive any claims which may arise with respect to such information or its disclosure. I hereby indemnify and hold harmless the Academy from any and all liability arising from or in any way related to its investigation, processing and decision making with regard to any membership application I make, have made, or will make in the future to the Academy, including this application.

I have read the Bylaws and Code of Ethics of the Academy. I understand that provisional members of the Academy do not have the same privileges as Fellows of the Academy. I also understand that there are restrictions that Provisional members are required to adhere to, such as limitations on revealing association with the Academy. If I am offered membership as a Provisional member I agree to adhere to these restrictions. I am aware that violation of these limitations is grounds for immediate expulsion from the Academy and bar from future admission into the Academy in any capacity.

I understand and agree that membership in the Academy is by invitation only and that applying for membership does not necessarily mean that the Board of Trustees will extend an invitation to me. I understand and agree that invitations for membership are within the sole discretion of the Board of Trustees, and that its decision is final.

Date

Signature of Applicant

I agree that I have read the Academy Code of Ethics that was provided with this application and I represent that, if admitted, I agree to comply with the Code of Ethics.

Date

Signature of Applicant

AMERICAN ACADEMY OF ADOPTION ATTORNEYS AND AMERICAN ACADEMY OF ASSISTED REPRODUCTIVE TECHNOLOGY ATTORNEYS AUTHORIZATION FOR RELEASE OF INFORMATION

To all bar associations, lawyer regulatory entities, lawyers, law enforcement agencies, courts, court administrators, clerks of court, judges, Interstate Compact on the Placement of Children compact administrators, licensed adoption agencies, social workers and any other individuals who have knowledge of information pertinent to my application for membership to the American Academy of Adoption Attorneys and/or the American Academy of Assisted Reproductive Technology Attorneys (hereinafter "Academy"):

I, ______ (PRINT NAME), the undersigned, am making application for membership to the Academy, and in doing so, authorize and request the release of information and records to the Academy, and the attorney members of the Academy assigned to conduct the due diligence on my application. This information will be used for the purpose of determining my eligibility and qualification for membership.

This Authorization shall be valid for a period of one year after my execution of same. A copy of this Authorization shall be considered as effective as the original.

Please be aware that I completely waive whatever right I may have to obtain any information you provide to the Academy pertaining to my background, and suitability for membership.

Date

Signature of Applicant

Address: _____

Date of birth: _____