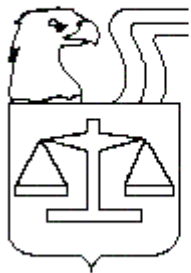


**Association
of Defense
Trial Counsel**

ASSOCIATION OF DEFENSE TRIAL COUNSEL

**APPLICATION FOR REINSTATEMENT
OF MEMBERSHIP**



**4315 Kiefer
Warren MI 48091-5003
(313) 237-0610**

1. Name _____
2. Office Address _____
City/State/Zip Code _____
3. If a member or associate of a law firm so state: Give name of firm and number of years you have been associated with said firm: _____

4. Date of Birth: _____
5. Year of Admission to Bar: _____
6. State degrees held, both academic and law, year of graduation and school: _____

7. List all Bar Associations and all other professional organizations and law societies to which you belong: _____

8. Are you now devoting a substantial portion of your professional time to the representation of insurance companies or self-insured companies? _____
9. Set forth a summary of your practice since first licensed, including a list of firms or individuals with whom you have been associated, the percentage of defense work performed in conjunction with each association listed and the name of the insurance companies or self-insured companies which were represented in each instance: _____

10. If general counsel, assistant general counsel, home office counsel, or full-time employee of an insurance company, give name of company and your title of position: _____

11. During the past five years, the percentage of my practice in the area of defense tort law is:
_____ %
12. Do you wish to server as a Wayne County Circuit Court Mediator? Yes ____ NO ____
13. I had been a member in good standing of the Association of Defense Trial Counsel from
_____ to _____

Dated: _____

APPLICANT'S SIGNATURE