

PREFERRED ATTORNEY APPLICATION



ALL FIELDS ARE REQUIRED

PERSONAL INFORMATION

Applicant Name

Applicant Email

FIRM INFORMATION

Firm Name:

Firm Public Email:

Firm Contact Email:

Full Address:

Firm Website:

Firm Phone Number:

States Serving:

Attorneys
(Separated by
Comma):

Practice Areas:

Personal Injury

Financial Issues

Civil Rights

State Bar Association Number:

In the last three years, have you earned CEUs from any of the following education programs relating to brain injury?

American Association for Justice TBI Litigation Group

NABIS

State Brain Injury Association Conference/Training

Other

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FIRM INFORMATION

**Brief case history/
description:**

Empty text box for brief case history/description.

About the firm:

Empty text box for about the firm.

ADDITIONAL INFORMATION FROM BIAA

Thank you for downloading and completing the Preferred Attorney Program application form. We appreciate your interest in joining the Brain Injury Association of America's nationwide network of attorneys committed to supporting individuals and families living with brain injury.

Please send your completed application form to pknockstead@biausa.org. After sending, you will get more information on the program and our pricing structure.

THANK YOU FOR YOUR INTEREST