



Alabama Board of Court Reporting

P.O. Box 240066, Montgomery, AL 36124-0066

Phone: 334.215.7233 Fax: 334.215.7231

Web Site: www.abcr.alabama.gov

VERIFICATION OF WORK EXPERIENCE FORM For Court Reporter

Instructions: This form verifies the two requirements for grandfathering. Specifically, that the court reporter is proficient in the practice of court reporting and that the court reporter worked on or before June 1, 2006 in the practice of court reporting. Either one Judge or three Licensed Attorneys are required to complete the form. **Please complete all sections of this form.**

Name _____

Street _____

City _____ State _____ Zip _____

I, _____, have applied for a license to practice court reporting in the state of Alabama.
(Applicant's Full Name)

As part of the process, the Alabama Board of Court Reporting requires verification from my employing Judge, or three licensed attorneys unrelated by blood or marriage, regarding my employment status.

I hereby authorize _____, its staff, or representatives to provide the Alabama
(Name of Facility)

Board of Court Reporting any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the **Alabama Board of Court Reporting, P. O. Box 240066, Montgomery, AL 36124-0066**. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Alabama Board of Court Reporting office. Sincerely,

Signature of Applicant _____ Date _____

Social Security Number _____

Printed Name of Applicant _____

Date of Birth _____

The following section must be completed by the employing Judge or licensed attorney, and then returned directly to the Alabama Board of Court Reporting. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Falsifying information on this form is a violation of state law. BOTH parties must sign the form.

I, _____ state that the above named individual performed court reporting
(PRINT CLEARLY) Name of Judge or Licensed Attorney
duties for me on or before June 1, 2006.

Signature of Judge or Licensed Attorney _____ Title _____ Date _____

Phone (____) _____-____ Fax (____) _____-____ Email : _____@_____

I, _____, licensed to practice law in Alabama, testify that I have utilized the court
(Name of Judge or Attorney)
reporting services of this individual and I attest to their proficiency in court reporting and I recommend this individual for licensure.

Signature _____ Title _____ Date _____

Alabama License # _____

Phone (____) _____-____ Fax (____) _____-____ Email : _____@_____