AFFIDAVIT IN SUPPORT OF MEMBERSHIP
FOR TRIAL GUIDES PREFERRED STATUS
(REQUIRED FOR PURCHASE OF PLAINTIFF LAWYER ONLY PRODUCTS)

STATE OF _____)
)
COUNTY OF _____)

_____, having first been duly sworn upon his/her oath, deposes and states:

1. I am a licensed attorney in the State of _____.
2. I do not represent, and will not represent, nor does any member of my firm represent an insurance company in any action.
3. I acknowledge an affirmative obligation as a member of Trial Guides Preferred Membership, as a plaintiff lawyer only organization, to keep the information learned in the restricted products sold by Trial Guides from any defense lawyer, or insurance company.
4. I will resist Defendant's requests for confidentiality or secrecy orders which prohibit sharing information and/or restrict access to information, but will abide by such orders when entered.
5. I will make every reasonable effort to oppose any motion or request by a Defendant to produce documents, products, or information received from the Trial Guides Preferred Membership products, including notification to the court that reproduction of such materials would violate federal copyright law.
6. I agree that the information obtained as a Trial Guides Preferred Member, including but not limited to, documents, books, videos, CDs, electronic information, and listserve communications, may not be sold, copied, or distributed by the member under any circumstances.
7. I understand that if I misrepresent my status as a full time plaintiff lawyer, I will be reported to my respective state bar, and I hereby agree to the maximum disciplinary action available in my state for an intentional misrepresentation.

_____
AFFIANT'S SIGNATURE

Before me, the undersigned authority, this day personally appeared _____ _____ (Affiant), who, after being duly sworn, deposes and says that he/she has read the foregoing Affidavit, and the same is true and correct to the best of his/her knowledge and/or belief.

The foregoing instrument was acknowledged by the Affiant this _____ day of _____, 2009, who is personally known to me, or who produced _____ _____as identification.

My Commission Expires:

_____
DATE

_____
NAME

My Name (printed):_____

My Company Website: _____