

WASHINGTON STATE BAR ASSOCIATION

A6 VOLUNTARY DEMOGRAPHIC INFORMATION

In our continuing efforts to understand WSBA membership composition, and better serve members' diverse needs, we are requesting voluntary demographic information. **We will make the area of practice and languages spoken available to the public on the WSBA online lawyer directory.**

Name: _____

WSBA #: _____

Area of Practice Check the boxes that apply as your current areas of practice. Please select no more than four areas on which you spend at least 10 percent of your time, or mark the General box if that is more accurate.

WSBA records show your current Areas of Practice as (cross out any that no longer apply):

<input type="checkbox"/> General	<input type="checkbox"/> Not actively practicing law	
<input type="checkbox"/> Administrative/regulatory <input type="checkbox"/> Agricultural <input type="checkbox"/> Animal <input type="checkbox"/> Antitrust <input type="checkbox"/> Appellate <input type="checkbox"/> Banking <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business/commercial <input type="checkbox"/> Civil litigation <input type="checkbox"/> Civil rights <input type="checkbox"/> Collections <input type="checkbox"/> Communications <input type="checkbox"/> Constitutional <input type="checkbox"/> Construction <input type="checkbox"/> Consumer <input type="checkbox"/> Contracts <input type="checkbox"/> Corporate <input type="checkbox"/> Criminal <input type="checkbox"/> Debtor/creditor <input type="checkbox"/> Disability	<input type="checkbox"/> Dispute resolution <input type="checkbox"/> Education <input type="checkbox"/> Elder <input type="checkbox"/> Employment <input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental <input type="checkbox"/> Estate planning/probate/wills <input type="checkbox"/> Family <input type="checkbox"/> Foreclosure <input type="checkbox"/> Guardianships <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Human rights <input type="checkbox"/> Immigration & naturalization <input type="checkbox"/> Indian <input type="checkbox"/> Insurance <input type="checkbox"/> Intellectual property <input type="checkbox"/> International	<input type="checkbox"/> Judicial officer <input type="checkbox"/> Juvenile <input type="checkbox"/> Labor <input type="checkbox"/> Landlord/tenant <input type="checkbox"/> Legal ethics <input type="checkbox"/> Legislation/lobbying <input type="checkbox"/> Litigation <input type="checkbox"/> Malpractice <input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Patent/trademark/copyright <input type="checkbox"/> Personal injury <input type="checkbox"/> Real property/land use <input type="checkbox"/> Securities <input type="checkbox"/> Sports <input type="checkbox"/> Tax <input type="checkbox"/> Torts <input type="checkbox"/> Traffic offenses <input type="checkbox"/> Workers' compensation

Languages other than English Please check all that apply. (Proficiency sufficient to communicate with a client.)

<input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Bulgarian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chamorro <input type="checkbox"/> Croatian <input type="checkbox"/> Czech <input type="checkbox"/> Danish <input type="checkbox"/> Dutch	<input type="checkbox"/> Farsi/Persian <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Hmong <input type="checkbox"/> Ilocano	<input type="checkbox"/> Indonesian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Lao <input type="checkbox"/> Malayalam <input type="checkbox"/> Mandarin <input type="checkbox"/> Marathi <input type="checkbox"/> Norwegian <input type="checkbox"/> Oromo	<input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Serbian <input type="checkbox"/> Sign Language <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog <input type="checkbox"/> Tamil <input type="checkbox"/> Telugu <input type="checkbox"/> Thai <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other * _____ _____
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*Any languages listed as "Other" will not be listed on the WSBA directory

Firm /Office Size

<input type="checkbox"/> Solo <input type="checkbox"/> Solo in shared office or suite <input type="checkbox"/> 2-5 lawyers in firm	<input type="checkbox"/> 6-10 lawyers in firm <input type="checkbox"/> 11-20 lawyers in firm <input type="checkbox"/> 21-35 lawyers in firm	<input type="checkbox"/> 36-50 lawyers in firm <input type="checkbox"/> 51-100 lawyers in firm <input type="checkbox"/> 100+ lawyers in firm <input type="checkbox"/> Government / Public Sector
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OTHER VOLUNTARY CONFIDENTIAL INFORMATION

Individual gender, ethnicity, disability, and sexual orientation information is kept strictly confidential, and is used only in the aggregate for demographic analysis. Aggregates are available by sending a request to questions@wsba.org.

Gender

<input type="checkbox"/> Male
<input type="checkbox"/> Female

Ethnicity

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Latina/Latino (Hispanic)
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other

Disability

Do you have a disability as defined by the ADA, 42 U.S.C. Section 12102(2) (A): “A physical or mental impairment that substantially limits one or more of the major life activities”?

<input type="checkbox"/> Yes

Sexual Orientation

Do you openly identify as a sexual minority, to include the following: gay, lesbian, bisexual, transgender?

<input type="checkbox"/> Yes
