PHILADELPHIA TRIAL LAWYERS ASSOCIATION EST. 1959

VERDICT

Volume 2012-2013 - Issue 4

How New Jersey Personal Injury Practice Differs From Pennsylvania

Robert N. Hunn, Esq.
Kolsby, Gordon, Robin, Shore & Bezar

The State of New Jersey is our next door neighbor. And, to paraphrase a famous quote from Sarah Palin, "I can see parts of New Jersey from my Center City office window." Yet, despite its proximity to Philadelphia, there are significant differences between trial practice in Philadelphia and trial practice in New Jersey. Many of these differences do not bode well for the plaintiff and make being a New Jersey plaintiff's lawyer more difficult and much more expensive.

Trial Scheduling

In Philadelphia, in the Federal Courts and in a growing number of suburban counties, trials commence on a date agreed to by the attorneys months in advance. Because such trials are "date certain," it is much easier to schedule the live appearance of experts at trial and organize the order in which evidence will be presented to the jury. Moreover, trial days in Philadelphia and in most counties are consecutive and allow the parties to complete the trial in the shortest time period possible.

In New Jersey, agreed upon date certain trials do not exist. Instead, counsel will receive notice from the court of the date (typically a Monday) to appear for trial. This, however, is not a guarantee by any means that your trial will commence on that date. It may or it may not. It may be that the Court will only hold a settlement conference that day and the trial will not go forward. It may be that the lawyers are sent home. The court will encourage the attorneys to select a new trial date but again, this does not mean that your trial will commence the second time around. Or the third. Or the fourth. One simply never knows.

In some New Jersey counties, counsel can call the court on the Thursday before the Monday on which trial is scheduled to find out whether the case has any chance of commencing. Sometimes the court will notify the parties in advance that the case will begin on the date it has been scheduled. If the trial does commence, it is highly unlikely that there will be consecutive trial days. It is not unusual for there to be only 3 or 4 trial days a week. Consequently, it takes much longer to complete a trial in New Jersey than in Philadelphia.

Without date certain trials, plaintiff's counsel will often be forced to prepare and re-prepare the case for trial on multiple occasions. The lack of certainty as to when trial will commence makes it very difficult to schedule live expert testimony requiring the plaintiff to videotape experts. Interestingly, this system does not appear to affect the defendant in the same manner it affects the plaintiff. Because jury selection can take a few days and plaintiff's case may not be presented on consecutive days, defense counsel has additional time after the case commences to schedule live expert testimony.

Designated Trial Counsel

In the initial pleadings in a New Jersey action, both plaintiff and defendant are required to designate the name of the attorney who will actually try the case. Only the designated trial counsel can try the case. If designated counsel is legitimately not available, the trial is continued.

Unfortunately, medical malpractice insurance carriers in New Jersey have figured out a way to use this system to their advantage.

Continued on page 6

Philadelphia Trial Lawyers Association
121 S. Broad Street, Suite 600
Phila., PA 19107-1997
Web Site: www.PhilaTLA.org
E-mail: ptla@philatla.org
Phone: (215) 732-2256
Fax: (215) 732-7637

PRACTICE TIP:

What If Your PA Practice Incidently Takes You to New Jersey?

Editor's Note: *What if you are representing a client in a Pennsylvania action but need to take a deposition in New Jersey? What if you provide legal advice to a New Jersey Citizen who is contemplating an action in Pennsylvania? There are numerous pitfalls that the practitioner must know if your Pennsylvania practice spills over into New Jersey. Recently, in his Pennsylvania Law Weekly column, attorney Daniel J. Siegel addressed what every lawyer must know about the multijurisdictional practice of law. Below is an excerpt from that article.*

Pennsylvania and New Jersey | Multijurisdictional Practice

The issue of multijurisdictional practice of law, *i.e.*, when a lawyer provides legal service or guidance to clients in a state where the lawyer is not licensed, is fairly common. But lawyers who are not licensed in New Jersey, but who might travel to the state for a deposition or offer legal advice to a client in the state, may well be practicing law without a license unless they follow the guidelines under the New Jersey Rules. The American Bar Association explained the conundrum lawyers face[1], noting that "There are occasions in which a lawyer admitted to practice in another United States jurisdiction, and not disbarred or suspended from practice in any jurisdiction, may provide legal services on a temporary basis in this jurisdiction under circumstances that do not create an unreasonable risk to the interests of their clients, the public or the courts."

Thus, if a lawyer licensed only in State A takes a deposition in State B for a case pending in State A, that lawyer could be considered practicing law without a license, commonly known as the "unauthorized practice of law." To prevent this problem, and to permit lawyers to irregularly assist clients in states where they are not licensed, the ABA proposed Model Rule 5.5, with the aspiration that all states adopt the Rule verbatim, thereby allowing lawyers to temporarily practice in another state without risking disciplinary action.

The Pennsylvania Supreme Court agreed, adopting Rule 5.5, which allows out-of-state lawyers to temporarily practice in the Commonwealth provided, inter alia, (a) the legal services are undertaken in association

Continued on page 8

The *Verdict* is published te times per year by the Philadelphia Trial Lawyers Association and welcomes submission of case notes, reports of arbitration awards and settlements as well as articles from readers. **Full text judicial opinions submitted by members cannot be reproduced because of space limitations.** However, scholarly articles discussing specific changes and/or modifications in tort law and other areas of interest to our members are requested. The Editor reserves the right to select submissions for publication and to edit for length and style.

All submissions should be sent to PTLA, to the attention of the Editor, 121 South Broad Street, Suite 600, Philadelphia, PA 19107-1997; or to: sbrocco@philatla.org. All submissions become the property of the *Verdict* and will not be returned. ◆

Credentialing Requirements in Medical Negligence Cases Under NJ's Patients First Act

Ezra Wohlgelernter, Esq.
Feldman, Shepherd, Wohlgelernter, Tanner, Weinstock & Dodig

Bad Facts Making Bad Law Worse

We have previously presented articles which compared and contrasted aspects of Pennsylvania and New Jersey practice and procedure. In medical negligence cases, the already extra-stringent requirements for the qualification of (standard of care) expert witnesses in medical malpractice cases is now even more restrictive in the wake of the New Jersey Supreme Court's decision in *Nicholas v. Mynster, et al*, decided, April 25, 2013.

The holding of the case can be summarized as follows: if the defendant is board certified in a medical specialty and the treatment involves that specialty, plaintiff's standard of care expert must have the same board certification. Otherwise, you risk preclusion of your expert. This decision is a game changer in many complex medical negligence cases where the treatment that gave rise to the cause of action overlaps with other specialties. A closer reading of the case leads to the conclusion that the adage of bad facts do make bad law. In this case, bad facts made bad law worse.

Mandated Expert Qualifications under New Jersey's Patients First Act

New Jersey's "Patients First Act" established qualifications for standard of care expert witnesses in medical malpractice cases. The statute provided that an expert must have the same type of practice and possess the same credentials, as applicable, as the defendant healthcare provider, unless waived by the court. The enhanced qualification requirements apply to causes of action arising after July 7, 2004, the effective date of the statute.

This tort reform motivated statute, was passed to promote patient safety and lower the cost of medical treatment by limiting the number of medical negligence claims. To further assist in reducing the number of claims the statute tightened up the requirements for expert witness qualifications providing standard of care opinions. The statute requires: a) the filing of an Affidavit of Merit (not later than 60 days after the filing of the defendant's answer) by a credentialed physician stating that the medical care provided to the patient was beneath the appropriate standard of care and; b) provides the standards for extra-qualification of medical/ professional experts. Until the court's decision in *Nicholas, id.* it was understood that where a defendant is a specialist or sub specialist and the treatment involves the same specialty or sub specialty the expert witness must possess the same board certifications **or** be credentialed by a hospital to treat patients for the medical condition or perform the same procedure that gives rise to the claim.

In the most common example, a credentialed orthopedic spine surgeon who performs multi-level fusion surgery could provide a standard of care opinion in a case against a board certified neurosurgeon who performed the same type of spinal surgery. This stratagem will no longer suffice and in the absence of a waiver, one will need experts who are board certified in the same specialty of the defendant physician.

Waiver Provision - New Jersey's Patients First Act

Anyone who has attempted to retain a neurosurgeon to testify as to the standard of care can identify with the difficulty, frustration and expense in retaining a testifying expert from that insular specialty practice group. There is one safety-valve in the statute. The Patients First Act waiver provision (N.J.S.A. 2A:53A-41(c)), provides that a court may waive the specialty requirement upon a good faith showing that the moving party was unable to identify an expert

Continued on page 4

Credentialing Requirements in Medical Negligence Cases

Continued from page 3

in the same specialty or sub-specialty area. If you are faced with a challenge to the qualifications of your medical expert you need to confront this issue head-on and early-on. (A procedural option not exercised by the plaintiff in *Nicholas*.)

Nicholas -The Facts

To place the court's decision in context, a brief review of the facts is necessary. In plaintiff's medical negligence suit against two board certified physicians, plaintiff retained an expert physician with stellar qualifications who was also an authority on the treatment of carbon monoxide poisoning. Despite his otherwise superior qualifications, he lacked the most important qualifications - in the Supreme Court's interpretation of the Patients Safety Act - board certification in emergency and/or family medicine. In his expert report, the opined that "[h]yperbaric oxygen is the treatment of choice for acute carbon monoxide poisoning." (This treatment is accomplished by placing the patient in a pressurized chamber enabling the patient to breathe 100% oxygen at pressures greater than sea level.) The suggested treatment modality was available at that time and a timely referral and treatment would have prevented the terrible outcome. Generally, there is no better feeling than retaining an expert who is the authority on the standard of care and who supports liability and causation. Well, that is, only after your expert has survived a discovery deposition![1]

b. Defendant's Motion to Preclude Plaintiff's Expert

Defendants moved to preclude the plaintiff's carbon monoxide poisoning expert on the grounds that under the Patients Safety Act, he was not qualified to offer expert testimony critical of physicians board certified in emergency and family medicine because he did not have the same board certifications. Plaintiff countered that his expert was credentialed by a hospital to treat carbon monoxide poisoning and therefore, under the hospital-credentialing provision of the Act (an alternative to the e*quivalent board-certified and equivalent-specialty* requirements of the Act) plaintiff's expert was qualified to testify. In fact, plaintiff's position was consistent with the Supreme Court's decision in *Khan v. Singh*, 200 N.J.82 (2009). In *Khan, id.*, the court "allowed an expert to testify despite the fact that the expert had a different specialty than the defendant doctor." *id.* What the plaintiff failed to consider was that *Khan, id.* involved a case that accrued *before* the effective date of the Patients Safety Act.

The Supreme Court reversed the trial court's decision and precluded the expert and granted summary judgment. The court also noted that *Khan, id.* was inapposite to the case at issue, as *Khan* occurred *before* the effective date of the Patients Safety Act. Therefore, the more stringent expert witness requirement of the Act were controlling in the *Nicholas case*. The euphemistically titled "Patients First Act" statute is what we knew it all along to be "Doctors First Act" ◆

[1] Plaintiff's expert conceded at deposition that in fact there was a difference of opinion in the literature in 2005 as to the indications for use of hyperbaric oxygen treatment for carbon monoxide poisoning and that he was unaware of the applicable standards of care of emergency room physicians and family medicine specialists at the time in question.

Editor's Note: *Ezra Wohlgelernter is a founding partner of Feldman Shepherd Wohlgelernter Tanner Weinstock & Dodig, LLP, and is the immediate past Editor in Chief of the Verdict, You may contact Mr. Wohlgelernter at: ezra@feldmanshepherd.com.*

ARTICLE OF INTEREST

Compensable Damages in New Jersey

Too often we assume that damages recoverable in Pennsylvania can be equally recovered in other states. In reality, the harms and losses that are compensable vary from state to state in both type and valuation.

There are key differences in recoverable damages in Pennsylvania and New Jersey. For example, in Pennsylvania an estate can claim future loss of income in a survival action even where the decedent was not married and did not have children. The same does not hold true in New Jersey. If a person dies and was not financially supporting a family, the estate may not claim future income loss in a survival action.

Additionally, when it comes to formulating loss of future income, future taxes are taken into consideration as a deduction in New Jersey. In Pennsylvania, they are not.

Another difference is the valuation of loss of consortium claims. In New Jersey, the valuation of loss of services by one spouse to another is limited to the cost of replacing the service in the open market.

Also, New Jersey recognizes a claim for wrongful birth where Pennsylvania does not. The chart below, prepared by Michael F. Barrett of Saltz, Mongeluzzi, Barrett & Bendesky, P.C., provides a quick reference for plaintiff personal injury lawyers to the differences in compensable damages between the two states:

DAMAGES IN PENNSYLVANIA AND NEW JERSEY

Point of Law	Pennsylvania	New Jersey
General		
Constitution Prohibits Compensatory Cap	X	
Wrongful Birth		X
Comparative Negligence	X	X
60% Threshold for Joint & Several Liability	X	X
Duty to Mitigate/Minimize Injury	X	X
Damages Capped as to State Entities	X	
Damages Capped as to Local/Municipal Entities	X	
Threshold for Pain and Suffering as to Gov't.	X	X
Punitives Barred as to all Government Entities	X	X
Living Plaintiff:		
Past and Future Medical Expenses	X	X
Award Reduced by $ from Collateral Sources		X
Past and Future Lost Earnings	X	X
Noneconomic Loss (Pain and Suffering/Hedonic)	X	X
Wrongful Death (Survivors' Claim):		
Beneficiaries as in Intestacy	X	X
Past Economic Loss	X	X
Future Economic Loss	X	X
Includes Retirement Income	X	X
Hospital / Medical / Funeral Expenses	X	X
Noneconomic Loss	X	
Punitive Damages Prohibited	X	X
Contributions Offset by Decedent's Cost of Living	X	X
Survival (Estate's Claim):		
Past Economic Loss	X	X
Future Economic Loss	X	
Includes Retirement Income	X	
Noneconomic Loss	X	X
Hospital / Medical / Funeral Expenses		X
Punitive Damages Possible	X	X
Earnings Offset by Decedent's Cost of Living	X	X
Punitive Damages		
Cap = Greater of 5x Compensatory or $350K		X
Cap = 2x Compensatory (MCare Only)	X	
Malicious, Wanton, Willful Standard	X	X
Must be Prayed for in Complaint		X
Bifurcated Trial		X
Specific to Each Defendant	X	X
Can Proceed w/o Compensatory	X	
Loss of Consortium/Services/Society		
Economic Loss Only		X
Spouse and Parent	X	X
Child		X

CASE NOTE OF INTEREST

Hatwood v. Hospital of the University of Pennsylvania

Court & Docket No.:
Superior Court of Pennsylvania; Docket No. 3242 EDA 2011

Trial Judge:
Honorable Frederica Massiah-Jackson, Court of Common Pleas of Philadelphia County; The Superior Court Panel of Judges which decided the appeal and issued the opinion was Panella, Gantman and Stevens.

Facts:
On March 22, 2006, defendants, Hospital of the University of Pennsylvania and Peter Chen, M.D. an attending physician in obstetrics and gynecology at the Hospital of the University of Pennsylvania, failed to timely perform a Cesarean section delivery of baby Hyseem Jacobs before brain injury occurred.

The child sustained a 15 to 20 minute period of severe oxygen deprivation just before delivery, secondary to placental abruption, while under the care of Dr. Chen and HUP, causing what was described as a devastating injury. As a result of the brain damage, Hyseem Jacobs was diagnosed with cerebral palsy, and was severely disabled. He lived with and was cared for by his family until he died as a result of complications of cerebral palsy on August 25, 2007. Hyseem Jacobs was represented in this lawsuit by his parents, Kyra Hatwood and David Jacobs, who were the appointed Administrators of the Estate.

Liability:
HUP determined to be 80% liable and Dr. Chen determined to be 20% liable by the jury.

Outcome:
Verdict affirmed awarding damages of $2,154,583.00, award for Delay Damages in the amount of $143,000.08

Defendant Experts:
David Schutzman, M.D.;
Frank Manning, M.D., Scarsdale, NY (Maternal Fetal Medicine)
Douglas Wilkerson, M.D., Bryn Mawr, PA (Pediatric Neurology)*; and*
Patricia Constany, M.S,N. (Nursing).

Plaintiff Experts:
James L. Mollick, M.D. (Obstetrics);
Allen D. Elster, M.D., FACR, (Neuroradiology);
Brian Woodruff, M.D. (Pediatric Neurology);
Andrew Verzili (economic loss);
and
Jennifer L. Johnson, MSN, RN, ARNP of Lenexa, Kansas (Labor and Delivery Nursing)

Defense Attorneys:
James Young of Christie, Pabarue, Mortensen and Young in Philadelphia

Plaintiff's Attorneys:
Richard J. Heleniak of Messa & Associates, P.C. in Philadelphia. ◆

ARTICLE OF INTEREST

How NJ Personal Injury Practice Differs from PA

Continued from page 1

Carriers will give one attorney an excessive and unreasonable inventory of cases and demand that only that attorney be trial counsel. When a case gets called for trial, defense counsel has the trial adjourned on the grounds that he has an older case to try. This scenario plays out repeatedly in many New Jersey medical malpractice actions. A medical malpractice case only gets tried when it becomes defense counsel's oldest case. In essence, it is defense counsel's schedule that dictates whether plaintiff's case gets tried or not. It is common for the trial of a medical malpractice action to be delayed for over a year because defense counsel always has an older case to try.

New Jersey does have a Rule of Civil Procedure that permits plaintiff to have defense counsel's trial designation removed if the case has been in suit for at least 3 years and defendant's conduct has delayed trial. In theory, if a defense counsel's trial designation is removed, he or she can no longer use the excuse of having an older case to try to obtain a trial continuance. In reality, many practitioners have found that even if defense counsel's trial designation has been removed, Court's are reluctant to force them to try a case if they have an older case to try. Defense counsel is still able to obtain trial continuances.

<u>Increased Risk of Harm</u>

In a Pennsylvania, plaintiffs' benefit from a relaxed causation standard in medical malpractice cases. Instead of having to prove but for causation, plaintiffs only have to prove (where appropriate) that defendant's negligence increase

Continued on page 7

How NJ Personal Injury Practice Differs from PA

Continued from page 6

risk of harm. If the plaintiff presents evidence that defendant's conduct increased the risk of the harm occurring, and the harm actually occurred, the evidence is sufficient for the jury to find that defendant's negligence was a factual cause of the harm. Moreover, the plaintiff does not have to prove with any specificity the percentage by which the harm was increased.

New Jersey takes a different approach towards increased risk of harm as a causation standard. As in Pennsylvania, a plaintiff in New Jersey can establish causation by presenting evidence that the defendant's negligence increased the risk of the harm that occurred. However, if the defendant can prove that a certain percentage of plaintiff's harm would have occurred even without the negligence, then the plaintiff is only entitled to recover the percentage of the harm that is attributed to the increased risk.

By way of example, assume that plaintiff claims that a doctor's negligent failure to diagnose cancer a year earlier allowed the cancer to spread resulting in the decedent's death. Assume that defendant argues that even if the cancer had been diagnosed a year earlier there was still a 50% chance that the cancer would spread despite timely treatment. Assume that the jury returns a plaintiff's verdict of 1 million dollars but also finds that the doctor's negligence only increased the risk of harm by 50%. Under these circumstances, plaintiff would only collect 50% of the verdict or $500,000.

Ex Parte Communications With Plaintiff's Treating Physicians

In Pennsylvania, pursuant to Pa.R.C.P. 4003.6, defense counsel is not permitted to have ex-parte communications with plaintiff's treating physicians. Instead, a defendant can only collect information from a treating doctor by written consent of the plaintiff or through a method of discovery authorized by the Rules of Court.

Such is not the case in New Jersey, As long as the treating physician is willing to talk to defense counsel, and plaintiff is given reasonable notice of the meeting, defense counsel is permitted to engage in ex-parte discussions. Defense counsel is required to provide the physician with a written statement of the scope of the interview and to emphasize to the physician that the interview is voluntary. *Stempler v. Speidell*, 495 A.2d 857 (N.J. 1985).

The *Stempler* Court believed that this informal type of discovery should be permitted to reduce the cost and expense of discovery. While plaintiff can be compelled by the court to consent to the meeting, often plaintiff counsel will request that he or she be permitted to attend the interview.

Discovery of Surveillance Video Tape

In Pennsylvania, it is very easy to obtain a copy of videotaped surveillance of the plaintiff. Plaintiff need only serve a request for production of the tape. In New Jersey, it is not that simple. Pursuant to the case of *Jenkins v. Rainner*, 350 A.2d 473 (N.J. Super. 1976) the defense is not required to produce a copy of the surveillance film to the plaintiff unless the plaintiff first agrees to provide a deposition. Since the surveillance film is typically taken after the plaintiff's deposition, this rule requires plaintiff to sit for a second deposition if his or her attorney is to receive a copy of the surveillance film prior to trial.

Expert Depositions

Although expert depositions are routinely permitted in many jurisdictions, Pennsylvania does not permit a party to depose the other party's expert. Pennsylvania practitioners can be thankful that expert depositions are not permitted. Such depositions are quite expensive and provide very little useful information.

In New Jersey, it is common for the defense to engage multiple experts on the same issue and wait until the time of trial to decide which expert to call. In so doing, this practice increases the plaintiff's costs by having to depose all of the named experts.

Motions to compel the defense to select their expert prior to depositions have yielded mixed results. Some Courts will grant the motion but many will not. Consequently, the cost of litigation in New Jersey can be twice the amount for a similar case brought in Pennsylvania.

Contingency Fees

Contingency fees in New Jersey are governed by statute. New Jersey Rule of Court 1:21-7 provides that

Continued on page 8

ARTICLE OF INTEREST

How NJ Personal Injury Practice Differs from PA

Continued from page 7

after the deduction of costs, an attorney may charge the following: (a) 33 1/3% on the first $500,000 recovered; (b) 30% on the next $500,000 recovered; (c) 25% on the next $500,000 recovered, and; 20% on the next $500,000 recovered. On any amount recovered in excess of $2,000,000, the attorney must apply to the court for a reasonable fee.

When the plaintiff is a minor or mentally incapacitated at the time the contingency fee is created, the attorney may charge the above sliding scale only when the case is tried. If the case is settled prior to trial , the attorney's fee is 25%.

Is it worth it?

There are many other differences in trial practice between New Jersey and Pennsylvania. New Jersey contingency fees are governed by statute and plaintiff lawyers haven't received a raise in 16 years. But the practice of plaintiff's litigation is all about challenges and trying to make a difference in another person's life. A plaintiff's lawyer does not back away from challenges. Change only comes about from tackling problems head on. As plaintiff lawyers, we have chosen a path where the pursuit of justice for our clients is not a flat track but a path with many hills and hurdles. The hills and hurdles presented in New Jersey should not deter us from assisting a client who has come to us asking for help. ◆

Editor's Note: *Robert Hunn sits on the Editorial Board of the Verdict and is a partner in the law firm of Kolsby, Gordon, Robin, Shore & Bezar. You may contact Mr. Hunn at: rhunn@kolsbygordon.com.*

PRACTICE TIP

What If Your PA Practice Incidently Takes You to New Jersey?

Continued from page 2

with a lawyer admitted to practice in Pennsylvania who actively participates in the matter; (b) the legal services are in or reasonably related to a pending or potential proceeding, arbitration, mediation, or other alternative dispute resolution proceeding in Pennsylvania or another jurisdiction;

Of prime importance is that each state's version of Rule 5.5 applies to lawyers not licensed in that state who temporarily handle a matter there, i.e. Pa.R.P.C. 5.5 applies to lawyers not licensed in Pennsylvania, but who have the need to assist a client in Pennsylvania. While most states' versions of Rule 5.5 were identical, or virtually identical, to the Model rule, New Jersey Rule 5.5(b)(3) differs, and places other requirements upon attorneys who want to temporarily practice in the Garden State, including the requirement that the attorney "register" with the Clerk of the Supreme Court.

Thus, to practice in New Jersey, a lawyer licensed only in another jurisdiction may do so only by complying with the Rules as well as the conditions in the October 3, 2012 Opinion of the New Jersey Committee on the Unauthorized Practice of Law. In that Opinion, the Committee concluded that an out-of-state may only practice in New Jersey if the lawyer "registers" with the Clerk of the Supreme Court. This means that during the period the lawyer practices in New Jersey, he or she must: (a) submit a form consenting to appointment of the Clerk as agent for service of process; (b) pay the annual assessment for the discipline system; (c) submit an annual registration statement; (d) pay the annual assessment for the Lawyers' Fund for Client Protection; and (e) pay the annual assessment for the Lawyers Assistance Program.

In other words, if you "engage in the practice of New Jersey law," you cannot merely assist a client or appear at a deposition. You must also register and comply with all of those requirements. Otherwise, you are engaging in the unauthorized practice of law. Sit attornatum cavete (Let the attorney beware).

Editor's Note: *Daniel J. Siegel is the principal of the Law Offices of Daniel J. Siegel, which provides appellate, writing and trial preparation services to other attorneys, as well as ethical and disciplinary guidance. He is also the president of Integrated Technology Services LLC, a consulting firm that helps law offices improve their workflow through the use of technology. He can be reached at: dan@danieljsiegel.com.*

USCLAIMS®

Financial Assistance for Litigants

Clients Need Money Now –

We Can Provide It

No-risk, no-hassle 24-hour pre- and post-settlement funding for personal injury and qui tam litigation. With rates among the lowest in the industry, we'll help your clients pay the bills so you can fight for a fair outcome.

ALFA AMERICAN LEGAL FINANCE ASSOCIATION

A member of the American Legal Finance Association (ALFA), USClaims offers Client Award Protection, ensuring that client costs never exceed the value of a settlement.

Special 2013 Offer for PTLA Members Only!
Lowest Guaranteed Rates (2.25% monthly, capped at 2.5 years)
> USE CODE PTLA2013

2013 BEST OF THE NATIONAL LAW JOURNAL
Winner Best Law Firm Funding Provider

2013 BEST OF THE NATIONAL LAW JOURNAL
Finalist Best Litigation Funding Provider

PTLA Philadelphia Trial Lawyers Association GOLD SPONSOR

NEW JERSEY LAW JOURNAL THE BEST of

THE LEGAL INTELLIGENCER'S 3X BEST of Winner

www.USClaims.com | 866-7USCLAIMS

PHILADELPHIA TRIAL LAWYERS ASSOCIATION

VERDICT

121 South Broad Street, Suite 600, Philadelphia, Pennsylvania 19107-1997

INSIDE THIS ISSUE

VOLUME 2012-2013 **ISSUE 4**

In This Issue