



San Francisco-Marin
LAWYER REFERRAL AND
INFORMATION SERVICE

THE BAR ASSOCIATION OF SAN FRANCISCO

Lawyer Referral and Information Service

50 Fremont Street, Suite 1700

San Francisco, CA 94105

Telephone: (415) 477-2374

Fax: (415) 477-2389

<http://www.sfbar.org>

**APPLICATION FOR
WORKERS' COMPENSATION PANEL**

(Please complete the application to the extent possible if applying under Rule 6 below)

Name: _____ State Bar number: _____

Telephone: _____ Fax: _____

E-mail address: _____

San Francisco office address: _____

Marin County office address: _____

Main address (if not in SF/Marin, please provide your address recorded with the State Bar of California):

(office number and street) (suite #) (zip)

* If applicant's main office is outside of San Francisco or Marin Counties, they are encouraged to provide qualifying matters or filings in San Francisco or Marin. At their discretion, the LRIS Director and the LRIS Qualifications Sub-Committee may request information about provided experience and/or peer references on any panel application.

Number of years of continuous active practice in California: _____

Please check all that apply: I am applying for the San Francisco panel / Marin County panel

Substantial Equivalent Experience - Under Rule 6: If you cannot meet the following requirements for Panel membership, but believe that you qualify by reason of substantial, equivalent experience, you may submit an outline of such experience, as provided for in Rule 6 of the Lawyer Referral and Information Service Rules.

Certified Specialists

An applicant who is a certified Workers' Compensation Specialist and whose current certification will last through the current membership year qualifies automatically and may choose to receive referrals in any or all categories. Otherwise, applicant must qualify as indicated below.

I am a certified Workers' Compensation specialist. Date certified: _____

I would like to receive referrals in the following categories:

Class 1 – Federal Class 2 – State

Experience Qualifications

Class 1 – Federal

To qualify for the Class 1, applicant must have handled within the last three years one appeal of such matter through an award.

Case #	Appeals Board/Location	Date of Award
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Class 2 – State

To qualify for the Class 2, applicant must have handled within the last three years five hearings that proceeded to an award.

1)	Case #	Appeals Board/Location	Date of Award
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2)	Case #	Appeals Board/Location	Date of Award
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3)	Case #	Appeals Board/Location	Date of Award
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4)	Case #	Appeals Board/Location	Date of Award
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5)	Case #	Appeals Board/Location	Date of Award
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I had full responsibility for all cases listed in the application, or if not, I have attached an explanation.

Date: _____

Signature: _____