

**Early Settlement Program
Panelist Application**

**BASF and Superior Court of California
City and County of San Francisco**

Name _____ Firm: _____

Street/Suite: _____ City/St/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Years of Practice: _____ California State Bar No: _____ Date admitted: _____ BASF # _____

1) Do you have 10 or more years of litigation experience? Yes No

2) Have you tried a minimum of five (5) civil cases to conclusion? Yes No
If the answer is no to either above, please state briefly your experience.

3) Do you have the capacity to host conferences at your office or affiliation? Yes No

4) Attach two (2) attorney or judicial letters of reference.

5) Settlement Panels are comprised of one plaintiff and one defense counsel in specific areas of law. Please check the appropriate boxes and the side you usually represent. If you represent both plaintiffs & defendants, check "either".

<u>Area</u>	<u>Specialize</u>	<u>Substantial</u>	<u>Some</u>	<u>None</u>	<u>Plaintiff</u>	<u>Defense</u>	<u>Either</u>
<input type="checkbox"/> Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Civil Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malpractice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Your signature indicates your commitment to serving as an Early Settlement Program volunteer.

Date: _____ Signature: _____