



THE BAR ASSOCIATION OF
SAN FRANCISCO

Lawyer Referral and Information Service

301 Battery Street, 3rd Floor
San Francisco, CA 94111
Telephone: (415) 477-2374
Fax: (415) 477-2389
URL: <http://www.sfbar.org>

**APPLICATION FOR
DISABILITY RIGHTS PANEL**

Name: _____
State Bar number: _____
Telephone: _____
Fax: _____
E-mail address: _____
Full time SF office address: _____
Mailing address (if different): _____

Number of years of continuous active practice in California: _____

Substantial Equivalent Experience

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.

Applicant must have **a)** attended BASF's Disability Rights Training Seminar (or viewed the videotape) for each selected class, **b)** handled three statutory discrimination matters filed within the last five years, and **c)** handled ANY two cases (civil or criminal) through a jury trial within the last seven years in any court.

- Class 1A - Access to Public Accommodations: Architectural Barriers**
- Class 1B - Access to Public Accommodations: Transportation**
- Class 1C - Access to Public Accommodations: Government Benefits**

Date Seminar Attended or Videotape Viewed: _____

- Class 2 - Housing Discrimination**

Date Seminar Attended or Videotape Viewed: _____

- Class 3 - Employment Discrimination/Reasonable Accommodations**

Date Seminar Attended or Videotape Viewed: _____

- Class 4A - Education: Special Education**
- Class 4B - Education: Access to Higher Education**

Date Seminar Attended or Videotape Viewed: _____

Three (3) Statutory Discrimination Matters:

1. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

3. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

Two (2) jury trials through verdict:

1. Case Name: _____ Trial Date and Judge: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Trial Date and Judge: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

I had full responsibility for all cases listed in the application or, if not, I have attached an explanation.

Date: _____ Signature: _____