



THE BAR ASSOCIATION OF  
SAN FRANCISCO

**Lawyer Referral and Information Service**

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

**APPLICATION FOR  
ELDER ABUSE 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. Please do complete the application to the extent possible.

Experience Qualifications

**Part A – Elder Abuse - Financial and Physical**

For any matter of financial or physical abuse of an elder or dependent adult, applicant must have handled ANY **two** cases (civil or criminal) under the Elder Abuse Act through discovery to either a settlement, arbitration or trial within the last seven years, AND within the last seven years, must have handled **two** civil cases through verdict with a jury trial at least one of which was brought under the Elder Abuse Act:

**Two (2) cases under the Elder Abuse Act through discovery to settlement, arbitration or trial:**

1. Case Name: \_\_\_\_\_ Dates of representation: \_\_\_\_\_

County/Case #/Court: \_\_\_\_\_

Nature of case: \_\_\_\_\_

Judgment or other resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

2. Case Name: \_\_\_\_\_ Dates of representation: \_\_\_\_\_  
County/Case #/Court: \_\_\_\_\_  
Nature of case: \_\_\_\_\_  
Judgment or other resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

**AND**

**Two (2) civil cases through verdict with a jury trial, at least one of which was brought under the Elder Abuse Act:**

1. Case Name: \_\_\_\_\_ Trial Date and Judge: \_\_\_\_\_  
County/Case #/Court: \_\_\_\_\_  
Nature of case: \_\_\_\_\_  
Judgment or other resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

Was this case brought under the Elder Abuse Act?  Yes  No

2. Case Name: \_\_\_\_\_ Trial Date and Judge: \_\_\_\_\_  
County/Case #/Court: \_\_\_\_\_  
Nature of case: \_\_\_\_\_  
Judgment or other resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

Was this case brought under the Elder Abuse Act?  Yes  No

**Part B – Public Benefits for the Elderly and Disabled**

Within the past five years, applicant must have handled two administrative hearings through judgment within EACH selected class:

- Class 1, Public Benefits for the Elderly (e.g., Social Security, Medicare, MediCal)
- Class 2, Public Benefits for the Disabled (e.g., Social Security Disability, Supplemental Security Income, State Disability Insurance)

**Class 1, Public Benefits for the Elderly:**

1. Case Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Case #/Federal or State benefit hearing office: \_\_\_\_\_

Nature of case: \_\_\_\_\_

Resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

2. Case Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Case #/Federal or State benefit hearing office: \_\_\_\_\_

Nature of case: \_\_\_\_\_

Resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

**Class 2, Public Benefits for the Disabled:**

1. Case Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Case #/Federal or State benefit hearing office: \_\_\_\_\_

Nature of case: \_\_\_\_\_

Resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

2. Case Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Case #/Federal or State benefit hearing office: \_\_\_\_\_

Nature of case: \_\_\_\_\_

Resolution: \_\_\_\_\_ Counsel for: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_