



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  
INSOLVENCY LAW 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.

**Class 1 - Consumer Debtors**

In order to be referred cases of consumer insolvency (non-business insolvencies) applicant must have represented a consumer in five bankruptcy cases within the last three years, at least two of which proceeded to discharge. The five cases must include the following: one Chapter 7 proceeding; one Chapter 13 proceeding; and, one proceeding involving secured real property issues.

Applicant must also have represented an individual consumer in either an adversary proceeding or a reaffirmation agreement.

1. Proceeding under Chapter 7 of the Bankruptcy Code:

Case #	Court	Inclusive Dates of Representation
_____	_____	_____
Proceeded to Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Proceeding under Chapter 13 of the Bankruptcy Code:

Case #	Court	Inclusive Dates of Representation
_____	_____	_____
Proceeded to Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Proceeding involving secured real property issues:

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____
Proceeded to Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Other matter: (specify the type of case) \_\_\_\_\_

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____
Proceeded to Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Other matter: (specify the type of case) \_\_\_\_\_

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____
Proceeded to Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		

6.  Adversary Proceeding -or-  Reaffirmation Agreement

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

**Class 2 - Business Debtors**

In order to be referred cases involving an on-going or recently terminated business or professional practice, applicant must have represented individuals or business entities in the following three types of cases within the last three years. At least one case must have involved confirmation of a Plan of Reorganization.

1. Proceeding under Chapter 7 of the Bankruptcy Code:

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

2. Proceeding under Chapter 11 of the Bankruptcy Code:

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

3. Either a state-court receivership or a corporate dissolution, where assets were liquidated for the benefit of creditors:

State-court receivership -or-  Corporate dissolution

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

Confirmation of a Plan of Reorganization was part of matter number(s): \_\_\_\_\_

**Class 3 - Creditors**

In order to be referred cases to represent creditors, applicant must have represented creditors in the following three types of cases within the last three years.

1. Secured Claim

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

2. Unsecured Claim

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

3. Motion for Relief from Stay

<b>Case #</b>	<b>Court</b>	<b>Inclusive Dates of Representation</b>
_____	_____	_____

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

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