



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  
LABOR RELATIONS PANEL**

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

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 1A - Employer-Employee-Union Disputes**

In order to be referred matters in the following class, applicant must have completed representation of two matters in the class through a contested hearing in the last three years.

Type of Dispute	Court or Hearing Panel	Hearing Date
1. _____	_____	_____
2. _____	_____	_____

**Class 1B - Civil Service**

In order to be referred matters in the following class, applicant must have completed representation of two matters in the class through a contested hearing in the last three years.

Type of Dispute	Court or Hearing Panel	Hearing Date
1. _____	_____	_____
2. _____	_____	_____

**Class 2 - Employment Discrimination**

Applicant must have handled through discovery two employment discrimination actions filed within the last five years, AND must have handled ANY two cases (civil or criminal) through a jury trial within the last seven years.

**Two (2) cases through discovery:**

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: \_\_\_\_\_

**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: \_\_\_\_\_

**Class 3 - Wrongful Discharge**

Applicant must have handled through discovery two wrongful discharge actions filed within the last five years AND must have handled ANY two cases (civil or criminal) through a jury trial within the last seven years. (Applicant may list the same cases handled through trial for both Class 2 and Class 3.)

**Two (2) cases through discovery:**

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: \_\_\_\_\_

**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: \_\_\_\_\_

**Class 4A – Wage and Hour Claims (Fair Labor Standards Act)**

Applicant must have handled within the last three (3) years at least five (5) matters on behalf of employees requiring substantial involvement with wage and hour claims AND have attended a CLE course in employment law for at least three (3) credits in the past two years.

Applicant agrees to continue during the course of panel membership to earn a minimum of three (3) CLE credits from attendance at employment law courses every two years AND has access to the following resources:

- a. Fair Labor Standards Act, 29 U. S. C. § 201, et seq;
- b. 29 CFR Part V and
- c. U.S. Department of Labor FLSA Opinion Letters

**Within the last three (3) years applicant has handled at least five (5) matters on behalf of employees requiring substantial involvement with wage and hour claims:**

1. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

2. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

3. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

4. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

5. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

**Class 4B – Family Medical Leave Act Claims (Federal or State)**

Applicant must have handled within the last three (3) years at least five (5) matters on behalf of employees requiring substantial involvement with the family and medical leave act (federal or state) AND have attended a CLE course in employment law for at least three (3) credits in the past two years.

Applicant agrees to continue during the course of panel membership to earn a minimum of three (3) CLE credits from attendance at employment law courses every two years AND has access to the following resources:

- d. Family Medical Leave Act, 29 U. S. C. § 2601, et seq;
- e. 29 CFR Part 825 and
- f. U.S. Department of Labor FMLA Opinion Letters

**Within the last three (3) years applicant has handled at least five (5) matters on behalf of employees requiring substantial involvement with the family and medical leave act (federal or state):**

1. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

2. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

3. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

4. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

5. Case Name: \_\_\_\_\_

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

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

Dates of representation: \_\_\_\_\_

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

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