



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
LEGAL MALPRACTICE 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.

In order to be referred legal malpractice cases, applicant must have handled through discovery three professional liability disputes 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 in any court except Municipal Court.

Three (3) cases through discovery:

1. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Plaintiff's Demand: _____ Defendant's Offer: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Plaintiff's Demand: _____ Defendant's Offer: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

3. Case Name: _____ Date Filed: _____
County/Case #/Court: _____
Plaintiff's Demand: _____ Defendant's Offer: _____
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: _____