



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
WORKERS' COMPENSATION 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.

Certified Specialists

An applicant who is a certified Workers' Compensation Specialist and whose current certification will last through the current membership year qualifies automatically and may choose to receive referrals in any or all categories. Otherwise, applicant must qualify as indicated below.

I am a certified Workers' Compensation specialist. Date certified: _____

I would like to receive referrals in the following categories:

Class 1 – Federal Class 2 – State

Experience Qualifications

Class 1 – Federal

To qualify for the Class 1, applicant must have handled within the last three years one appeal of such matter through an award.

Case #

Appeals Board/Location

Date of Award

Class 2 – State

To qualify for the Class 2, applicant must have handled within the last three years five hearings that proceeded to an award.

1)	Case #	Appeals Board/Location	Date of Award
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2)	Case #	Appeals Board/Location	Date of Award
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3)	Case #	Appeals Board/Location	Date of Award
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4)	Case #	Appeals Board/Location	Date of Award
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5)	Case #	Appeals Board/Location	Date of Award
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I had full responsibility for all cases listed in the application, or if not, I have attached an explanation.

Date: _____ Signature: _____