



THE BAR ASSOCIATION OF  
SAN FRANCISCO

**Lawyer Referral and Information Service**

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San Francisco, CA 94105  
Telephone: (415) 477-2374  
Fax: (415) 477-2389  
URL: <http://www.sfbar.org>

**APPLICATION FOR  
DISABILITY RIGHTS 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.

**For Classes 1 and 2**, applicant must have **a)** completed three disability discrimination matters within the last five years through alternative dispute resolution in EACH class, and **b)** completed ANY two Federal or State (civil or criminal) bench trials through judgment, within the last seven years **OR c)** completed three disability discrimination matters through binding arbitration, within the last seven years.

**For Class 3**, applicant must have completed three disability discrimination matters within the last five years involving education access and accommodations, two of which were resolved at an Administrative Law Judge hearing.

**Class 1 - Public Accommodations Access (e.g. architectural barriers in public housing, transportation, hotels, businesses, etc.)**

**Three (3) Discrimination Matters:**

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

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

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

Resolution: \_\_\_\_\_

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

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

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

Resolution: \_\_\_\_\_

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

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

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

Resolution: \_\_\_\_\_

**Class 2 - Employment Discrimination/Reasonable Accommodations**

**Three (3) Discrimination Matters:**

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

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

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

Resolution: \_\_\_\_\_

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

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

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

Resolution: \_\_\_\_\_

3. Case Name:  Dates of representation:

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

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

Resolution: \_\_\_\_\_

**AND**

**Two (2) Federal or State bench trials through judgment OR Three (3) completed disability rights matters through binding arbitration OR a combination of both for a total of five matters to bench trial or binding arbitration, within the last seven years:**

**Two (2) Federal or State bench trials through judgment OR:**

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: \_\_\_\_\_

**Three (3) matters through binding arbitration:**

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: \_\_\_\_\_

County/Case #/Court: \_\_\_\_\_  
3. Case Name: \_\_\_\_\_ Trial Date and Judge: \_\_\_\_\_  
County/Case #/Court: \_\_\_\_\_  
Nature of case: \_\_\_\_\_

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

I certify that I understand the laws relating to, and the inter-relationships between, the Americans with Disabilities Act, the Federal Rehabilitations Act, California’s Disabled Person’s Act and California’s Unruh Civil Rights Act.

Signature and date: \_\_\_\_\_

**Class 3 - Special Education and Access to Higher Education**

Applicant must have completed three disability discrimination matters within the last five years involving education access and accommodations, two of which were resolved at an Administrative Law Judge hearing.

**Three (3) Discrimination Matters:**

1. Case Name: \_\_\_\_\_ Dates of representation: \_\_\_\_\_  
County/Case #/Court: \_\_\_\_\_  
Nature of case: \_\_\_\_\_  
Resolution: \_\_\_\_\_

ALJ hearing

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

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

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

Resolution: \_\_\_\_\_

ALJ hearing

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

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

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

Resolution: \_\_\_\_\_

ALJ hearing

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

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