



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
ELDER ABUSE 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. Please do complete the application to the extent possible.

Experience Qualifications

Part A – Elder Abuse - Financial and Physical

For any matter of financial or physical abuse of an elder or dependent adult, applicant must have handled ANY **two** cases (civil or criminal) under the Elder Abuse Act through discovery to either a settlement, arbitration or trial within the last seven years, AND within the last seven years, must have handled **two** civil cases through verdict with a jury trial at least one of which was brought under the Elder Abuse Act:

Two (2) cases under the Elder Abuse Act through discovery to settlement, arbitration or trial:

1. Case Name: _____ Dates of representation: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Dates of representation: _____
County/Case #/Court: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

AND

Two (2) civil cases through verdict with a jury trial, at least one of which was brought under the Elder Abuse Act:

1. Case Name: _____ Trial Date and Judge: _____
County/Case #/Court: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

Was this case brought under the Elder Abuse Act? Yes No

2. Case Name: _____ Trial Date and Judge: _____
County/Case #/Court: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

Was this case brought under the Elder Abuse Act? Yes No

Part B – Public Benefits for the Elderly and Disabled

Within the past five years, applicant must have handled two administrative hearings through judgment within EACH selected class:

- Class 1, Public Benefits for the Elderly (e.g., Social Security, Medicare, MediCal)
- Class 2, Public Benefits for the Disabled (e.g., Social Security Disability, Supplemental Security Income, State Disability Insurance)

Class 1, Public Benefits for the Elderly:

1. Case Name: _____ Date Filed: _____

Case #/Federal or State benefit hearing office: _____

Nature of case: _____

Resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

Case #/Federal or State benefit hearing office: _____

Nature of case: _____

Resolution: _____ Counsel for: _____

Class 2, Public Benefits for the Disabled:

1. Case Name: _____ Date Filed: _____

Case #/Federal or State benefit hearing office: _____

Nature of case: _____

Resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

Case #/Federal or State benefit hearing office: _____

Nature of case: _____

Resolution: _____ Counsel for: _____

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

Date: _____ Signature: _____