



THE BAR ASSOCIATION OF  
SAN FRANCISCO

**Lawyer Referral and Information Service**

201 Mission Street, 4th Floor  
San Francisco, CA 94105  
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)	<b>Case #</b>	<b>Appeals Board/Location</b>	<b>Date of Award</b>
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2)	<b>Case #</b>	<b>Appeals Board/Location</b>	<b>Date of Award</b>
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3)	<b>Case #</b>	<b>Appeals Board/Location</b>	<b>Date of Award</b>
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4)	<b>Case #</b>	<b>Appeals Board/Location</b>	<b>Date of Award</b>
<hr/>			
5)	<b>Case #</b>	<b>Appeals Board/Location</b>	<b>Date of Award</b>
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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: \_\_\_\_\_