



San Francisco-Marin
LAWYER REFERRAL AND
INFORMATION SERVICE

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

<http://www.sfbar.org>

**APPLICATION FOR
DISABILITY RIGHTS PANEL**

(Please complete the application to the extent possible if applying under Rule 6 below)

Name: _____

State Bar number: _____

Telephone: _____

Fax: _____

E-mail address: _____

San Francisco office address: _____

Marin County office address: _____

Mailing address (if different): _____

Number of years of continuous active practice in California: _____

Please check all that apply: I am applying for the ☐ San Francisco panel / ☐ Marin County panel

Substantial Equivalent Experience - Under Rule 6: 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: _____