



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  
WORKERS' COMPENSATION 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.

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
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### 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: \_\_\_\_\_