



San Francisco-Marin
LAWYER REFERRAL AND
INFORMATION SERVICE

THE BAR ASSOCIATION OF SAN FRANCISCO

Lawyer Referral and Information Service

50 Fremont Street, Suite 1700

San Francisco, CA 94105

Telephone: (415) 477-2374

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<http://www.sfbar.org>

**APPLICATION FOR
PERSONAL INJURY LAW PANEL**

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

Name: _____

State Bar number: _____ E-mail address: _____

Telephone: _____ Fax: _____

San Francisco office address: _____

Marin County office address: _____

Main address (if not in SF/Marin, please provide your address recorded with the State Bar of California):

(office number and street)

(suite #)

(zip)

* If applicant's main office is outside of San Francisco or Marin Counties, they are encouraged to provide qualifying matters or filings in San Francisco or Marin. At their discretion, the LRIS Director and the LRIS Qualifications Sub-Committee may request information about provided experience and/or peer references on any panel application.

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.

Part A

Applicant must have handled through discovery two cases filed within the last five years for EACH selected class, AND must have handled ANY two cases (civil or criminal) through a jury trial within the last seven years in any court except Municipal Court.

- | | |
|---|--|
| <input type="checkbox"/> (1) Medical Malpractice | <input type="checkbox"/> (5) Federal Employers Liability Act |
| <input type="checkbox"/> (2) Products Liability | <input type="checkbox"/> (6) Admiralty Injuries |
| <input type="checkbox"/> (3) Wrongful Death or Massive Injuries | <input type="checkbox"/> (7) Insurance Bad Faith |
| <input type="checkbox"/> (4) Aviation Accidents | |

Two (2) cases through discovery for class _____ :

1. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Plaintiff's Demand: _____ Defendant's Offer: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Plaintiff's Demand: _____ Defendant's Offer: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

Please attach continuation sheets for any additional class(es) in Part A.

Two (2) jury trials through verdict:

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: _____

Part B

For any number of the classes selected below, applicant must have handled through discovery three personal injury cases (any type) filed within the last five years AND must have handled ANY two cases (civil or criminal) through a jury trial within the last seven years in any court. (If applicant listed cases handled through trial for Part A, those cases may also be listed for Part B.)

- | | |
|---|---|
| <input type="checkbox"/> (1) Automobile Accidents | <input type="checkbox"/> (4) Libel, Slander or Harassment |
| <input type="checkbox"/> (2) Slip and Fall | <input type="checkbox"/> (5) Police/Prison Brutality |
| <input type="checkbox"/> (3) Assault and/or Battery | <input type="checkbox"/> (6) Other Personal Injuries |

Three (3) cases through discovery:

1. Case Name: _____ Date Filed: _____
County/Case #/Court: _____
Plaintiff's Demand: _____ Defendant's Offer: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____
County/Case #/Court: _____
Plaintiff's Demand: _____ Defendant's Offer: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

3. Case Name: _____ Date Filed: _____
County/Case #/Court: _____
Plaintiff's Demand: _____ Defendant's Offer: _____
Nature of case: _____
Judgment or other resolution: _____ Counsel for: _____

Two (2) jury trials through verdict:

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: _____

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

Date: _____ Signature: _____