



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

Fax: (415) 477-2389

<http://www.sfbar.org>

**APPLICATION FOR
LABOR & EMPLOYMENT PANEL**

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

Requalification is required every 5 years

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.

Class 1 - Employment Discrimination and Wrongful Discharge Litigation and Advice & Counsel

Applicant must have handled through summary judgment two employment discrimination or wrongful discharge actions filed in court within the last five years, AND must have handled two employment discrimination or wrongful discharge cases through a final adjudication (jury trials, bench trials, or arbitration) within the last seven years.

Two (2) cases through summary judgement:

1. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

2. Case Name: _____ Date Filed: _____

County/Case #/Court: _____

Nature of case: _____

Judgment or other resolution: _____ Counsel for: _____

Two (2) cases through final adjudication:

1. Case Name: _____ Trial Date and Judge (or Arbitration Panel): _____

County/Case #/Court/Arbitration Identifier: _____

Nature of case: _____

Judgment: _____ Counsel for: _____

2. Case Name: _____ Trial Date and Judge (or Arbitration Panel): _____

County/Case #/Court/Arbitration Identifier: _____

Nature of case: _____

Judgment: _____ Counsel for: _____

Class 2 – Family Medical Leave Claims (Federal or State)

Applicant must have handled within the last five (5) years at least two (2) family medical leave claims through summary judgement AND at least one (1) family medical leave, employment discrimination or wrongful termination action through final adjudication. Applicant must also have attended a CLE course on family medical leave for at least three (3) credits in the past two years. Please attach a separate sheet listing the name, date and number of credits of applicable CLE.

Applicant agrees to maintain up to date knowledge relating to the following Federal and State resources:

- a. Family Medical Leave Act, 29 U. S. C. § 2601, et seq;
- b. 29 CFR sect. 825.100 et seq.
- c. U.S. Department of Labor FMLA Opinion Letters
- d. California Family Rights Act, title 2, sect. 7297.0 – 7297.11

Within the last five (5) years applicant must have handled at least two (2) family and medical leave claims through summary judgment:

1. Case Name: _____ Date of representation: _____

County/Case #/Court: _____

Nature of case: _____

2. Case Name: _____ Date of representation: _____

County/Case #/Court: _____

Nature of case: _____

AND applicant must have handled at least one (1) family medical leave, employment discrimination, or wrongful discharge action through final adjudication:

1. Case Name: _____ Date of representation: _____

County/Case #/Court: _____

Nature of case: _____

Class 3 – Wage and Hour Claims (Fair Labor Standards Act)

Applicant must have handled within the last five (5) years at least two (2) wage and hour claims which required an evidentiary hearing (e.g. bench trials, agency hearings) AND have attended a CLE course on wage and hour claims for at least three (3) credits in the past two years. Please attach a separate sheet listing the name, date and number of credits of applicable CLE.

Applicant agrees to continue during the course of panel membership to maintain up to date knowledge relating to the following Federal and State resources:

1. Fair Labor Standards Act, 29 U. S. C. § 201, et seq;
2. 29 CFR Chapter V
3. U.S. Department of Labor FLSA Opinion Letters
4. California Code of Regulations Industrial Welfare Commission Wage Orders, title 8, section 11010 to 11170
5. DLSE Opinion Letters
6. DLSE Enforcement Policies and Interpretations Manual
7. Cal Code of Civil Procedure § 1282 (Enforceability of Arbitration Agreements & Related Case Law)
8. Provisions of the California Labor Code Governing
 - a. Minimum Wages
 - b. Overtime
 - c. Accurate Wage Statements
 - d. Reimbursement of Business Expenses
8. Labor Code Private Attorneys General Act (PAGA) (Labor Code §§ 2698–2699.8)
9. Labor & Workforce Development Agency (LWDA)
10. California Class Action Fairness Act
11. CA Court Approval of Class Action Settlements

Within the last five (5) years applicant has handled at least two (2) wage and hour claims which required an evidentiary hearing:

1. Case Name: _____

County/Case #/Court: _____

Nature of case: _____

Dates of representation: _____

2. Case Name: _____

County/Case #/Court: _____

Nature of case: _____

Dates of representation: _____

Class 4A - Employer-Employee-Union Disputes

In order to be referred matters in the following class, applicant must have completed representation of two matters in the class through a contested hearing in the last three years.

Type of Dispute	Court or Hearing Panel	Hearing Date
1.	_____	_____
2.	_____	_____

Class 4B - Civil Service

In order to be referred matters in the following class, applicant must have completed representation of two matters in the class through a contested hearing in the last three years.

Type of Dispute	Court or Hearing Panel	Hearing Date
1. _____		
2. _____		

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

Date: _____ Signature: _____