

**LAWYER REFERRAL SERVICE  
APPLICATION FOR NEW AND RENEWED  
SONOMA COUNTY BAR ASSOCIATION PANELISTS  
2010-2011**

**Lawyer Referral Service  
Sonoma County Bar Association  
37 Old Courthouse Sq., Suite 100  
Santa Rosa, CA 95404  
(707) 542-1190 EXT. 19**

This application is effective from April 1, 2010 – March 31, 2011.

Attorney Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Firm Name: \_\_\_\_\_

CA State Bar Number: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Admission in Other States: \_\_\_\_\_

Office Address: \_\_\_\_\_

Mailing Address: (If different from Office address): \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Name of Office Manager and/or Legal Assistant: \_\_\_\_\_

Languages Accommodated: \_\_\_\_\_

**PANEL FEES:**

- Member of the Sonoma County Bar Association (SCBA)? Yes  No
- **SCBA Members:** \$70 per Panel, up to a maximum fee of \$280.00. There is no limit to the number of panels that can be applied for.
- **Non-SCBA Members:** \$70 per panel, plus an administration fee of \$50 or the SCBA membership fees of \$70 (attorney for 1 year or less), \$140 (attorney for 1-5 years) or \$205 (attorney for over 5 years). Admin fee is waived for SCBA members.

**Total Amount Enclosed:** \$ \_\_\_\_\_

**Payment Method:**

- Check
- Please charge my Visa/MasterCard Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code \_\_\_\_\_

**FORWARDING FEES:** Panelists shall forward to the LRS 12.5% of attorneys' fees received for any case referred to them by the LRS. All forwarding fees are to be paid within 20 days of receipt by the attorney of any and all fees, regardless of whether or not the case is open and/or legal services are still being provided to the client.

**ERRORS AND OMISSIONS INSURANCE:** Errors and omissions insurance, in the amount of not less than \$100,000 for each occurrence and \$300,000 aggregate per year, is a requirement of membership with the Lawyer Referral Service. Applicant must maintain coverage throughout representation of clients referred by the Lawyer Referral Service. **Please return a copy of the declarations page of your policy with your application.**

**PLEASE REMEMBER to Date and Sign this Application at the end of this form.**

**SUBJECT MATTER PANELS:** Check all the panels from which you wish to receive referrals. You must complete the Experience Requirements Statements (attached) to qualify for all subject matter panels.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bankruptcy               | <input type="checkbox"/> Immigration           | <input type="checkbox"/> Probate / Estate Planning |
| <input type="checkbox"/> Business                 | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Real Estate               |
| <input type="checkbox"/> Collections              | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Restraining Orders        |
| <input type="checkbox"/> Collaborative Family Law | <input type="checkbox"/> Juvenile              | <input type="checkbox"/> Social Security           |
| <input type="checkbox"/> Criminal                 | <input type="checkbox"/> Landlord Tenant       | <input type="checkbox"/> Tax                       |
| <input type="checkbox"/> Employment               | <input type="checkbox"/> Legal Malpractice     | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Family                   | <input type="checkbox"/> Medical malpractice   |  |
| <input type="checkbox"/> General                  | <input type="checkbox"/> Personal Injury       |  |

**SUBJECT MATTER PANELS  
EXPERIENCE REQUIREMENTS**

Please complete the following information for each panel and/or subpanel for which you wish to qualify. All requirements must have been completed within 36 months prior to application, unless otherwise stated below. Certified specialization suffices for any requirement. If you do not qualify for membership, please refer to the **Rules Governing the Lawyer Referral Service of the Sonoma County Bar Association for Sonoma County Panelists III.B.4.**

**BANKRUPTCY PANEL**     **I am a Certified Specialist.**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

**Consumer Subpanel:** I have handled one Chapter 7 and one Chapter 13 through final disposition.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Commercial Subpanel:** I have handled one Chapter 11 bankruptcy through final disposition.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**BUSINESS PANEL**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

**Corporate Transactions Subpanel:** I have formed, administered or dissolved two business entities and drafted one buy/sell agreement.

1. Business Entity: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

2. Business Entity: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

3. Business Entity: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**Litigation Subpanel:** I have handled one business dispute to resolution.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Contracts Subpanel:** I have drafted or reviewed three contracts.

1. Client name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

2. Client name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

3. Client name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**COLLECTIONS PANEL:** I have represented one creditor or debtor in collection litigation.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**COLLABORATIVE FAMILY LAW:** I have completed a minimum of a one-day training in Collaborative Family Law within the last 24 months or have successfully completed 5 Collaborative Family Law cases within the last 12 months. I further agree:

That a Collaborative Family Law case in which I participate includes signing a stipulation which must include the following terms.

1. An agreement not to go to court with the collaborative attorney(s) after Stipulation is signed.
2. Disqualification of attorneys(s) in the event that the collaborative process is terminated.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**CRIMINAL PANEL**       **I am a Certified Specialist.**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

**Felony Subpanel:** I have handled three preliminary hearings, three 1538.5 motions, three felonies through sentencing or other disposition, and one civil or criminal jury trial to verdict.

**Preliminary Hearings**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**1538.5 Motions**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Felonies**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Jury Trial to Verdict**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Misdemeanors Subpanel:** I have handled three misdemeanors, other than DUIs, through sentencing.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**DUI Subpanel:** I have handled three DUIs through disposition.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**EMPLOYMENT PANEL:** I have handled two wrongful termination or employment discrimination matters to disposition, including one filing of a lawsuit or claim.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Client name: \_\_\_\_\_ Disposition, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**FAMILY LAW PANEL**       **I am a Certified Specialist.**

**General Subpanel:** Within the past two years, I have handled one dissolution of marriage, three contested OSCs, and drafted one marital settlement agreement.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 24 months.**

**Dissolution of Marriage**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Order to Show Cause Hearings**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Marital Settlement Agreement**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Advanced Subpanel:** Within the past four years, I have handled 5 dissolutions of marriage, 5 contested OSCs, 3 MSAs, three TROs, 3 child custody cases and 3 of the following:

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 48 months.**

**uniform child custody case**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**joinder custody case**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**adoption**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**appeal**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**order dividing pension or deferred compensation plan**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**business evaluation**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**foreign decree**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**uniform support**

Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Dissolutions of Marriage**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

4. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

5. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Order to Show Cause Hearings**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

4. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

5. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**Marital Settlement Agreement**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**GENERAL PANEL:**

I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.

Area of Law: \_\_\_\_\_

I have handled two cases in this area of law.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**IMMIGRATION PANEL:**  I am a Certified Specialist.

I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.

I have handled two immigration cases, including one contested.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**INSURANCE PANEL**

I have handled two Insurance Law Cases including one to settlement.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 48 months.

**INTELLECTUAL PROPERTIES PANEL**

I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.

**Patent Subpanel:** I am admitted to practice before the U.S. Patent and Trademark Office and have handled one patent application, one response to an U.S. Patent and Trademark Office action.

Nature of Patent: \_\_\_\_\_ Date filed: \_\_\_\_\_

U.S. Patent Office Action: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Trademark:** I have filed one trademark registration application.

Nature of Trademark: \_\_\_\_\_ Date filed: \_\_\_\_\_

**Copyright:** I have handled one copyright application through Certificate of Registration.

Nature of Copyright: \_\_\_\_\_ Date filed: \_\_\_\_\_

**JUVENILE PANEL**

I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.

**Juvenile Dependency Subpanel:** I have completed 8 hours training and education in juvenile dependency law or have made 6 months of regular appearances in dependency proceedings.

**Criminal Subpanel:** Same as the Criminal Panel. Please complete that section above.

**LANDLORD/TENANT PANEL:** I have represented either a landlord or a tenant in two disputes, including one unlawful detainer action.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**LEGAL MALPRACTICE PANEL:** I have handled two legal malpractice cases, including one to settlement conference, ADR or trial.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**MEDICAL MALPRACTICE PANEL:** I have handled two medical malpractice cases, including one to settlement conference, ADR, or trial.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**PERSONAL INJURY PANEL:** I have litigated, settled, or tried four personal injury cases.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

4. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**PROBATE/ESTATE PLANNING PANEL**     **I am a Certified Specialist.**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

**Wills and Trusts:** I have prepared and supervised execution of three dispositive instruments, including one inter vivos trust.

1. Office ID: \_\_\_\_\_ Date prepared: \_\_\_\_\_

2. Office ID: \_\_\_\_\_ Date prepared: \_\_\_\_\_

3. Office ID: \_\_\_\_\_ Date prepared: \_\_\_\_\_

**Probate/Guardianship:** I have handled two matters involving a probate of a will, administration of an estate, termination of a joint tenancy of real property, or a guardianship or conservatorship.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**REAL ESTATE PANEL**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

**Transactions Subpanel:** I have handled two sales or purchases of real estate and negotiated or reviewed two leases.

**Sales/Purchases**

Client name: \_\_\_\_\_ County: \_\_\_\_\_ Date of Recording: \_\_\_\_\_

Client name: \_\_\_\_\_ County: \_\_\_\_\_ Date of Recording: \_\_\_\_\_

**Leases**

Client name: \_\_\_\_\_ County: \_\_\_\_\_ Year: \_\_\_\_\_

Client name: \_\_\_\_\_ County: \_\_\_\_\_ Year: \_\_\_\_\_

**Litigation Subpanel:** I have handled two cases to disposition other than unlawful detainer.

3. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

4. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**RESTRAINING ORDER PANEL:**

**CRIMINAL:** I have handled two restraining order cases involving criminal law

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**CIVIL HARASSMENT:** I have handled two Civil Harassment Restraining Order cases

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 48 months.**

**SOCIAL SECURITY APPEALS PANEL:** I have handled to disposition two administrative law proceedings regarding Social Security, SSI, Medicare, or MediCal benefits.

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

1. Agency: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Agency: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**TAX PANEL:**       **I am a Certified Specialist.**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

I qualify by one of the following:

I am a CPA, MBA, or LLM in Taxation;

20% of my practice is in tax law; or

I have handled two tax proceedings before the Appellate Division, IRS, or Tax Court.

1. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Court: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**WORKERS' COMPENSATION:**       **I am a Certified Specialist.**

**I am already a member of this panel and certify under penalty of perjury that I continue to hold the required experience and that this experience was completed within the last 36 months.**

I have handled four industrial compensation cases through final disposition, including at least one WCAB hearing and one petition for reconsideration.

1. Forum: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

2. Forum: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

3. Forum: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

4. Forum: \_\_\_\_\_ Case Name, Number, Year: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Revised 2/09*