



THE BAR ASSOCIATION OF
SAN FRANCISCO

Lawyer Referral and Information Service

301 Battery Street, 3rd Floor
San Francisco, CA 94111
Telephone: (415) 477-2374
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URL: <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: _____
Telephone: _____
Fax: _____
E-mail address: _____
Full time SF office address: _____
Mailing address (if different): _____

Number of years of continuous active practice in California: _____

Substantial Equivalent Experience

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.)

(1) Automobile Accidents

(4) Libel, Slander or Harassment

(2) Slip and Fall

(5) Police/Prison Brutality

(3) Assault and/or Battery

(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: _____