

LAWYER REFERRAL & INFORMATION SERVICE
of the
San Diego County Bar Association

Application for **WORKERS' COMPENSATION** Panel Membership

Complete this form and return to the LAWYER REFERRAL & INFORMATION SERVICE,
1333 Seventh Avenue, San Diego, California 92101.

FOR OFFICE USE ONLY

State Bar Date _____ State Bar # _____ Record of Discipline ____ YES ____ NO
SDCBA Member ____ YES ____ NO Insurance Expiration _____

(PLEASE TYPE or PRINT BELOW)

(Last Name) (First Name) (Initial) (Telephone)

(Complete Office Address Including Zip Code)

I, _____, declare that:

- I am certified by the California Board of Legal Specialization as a specialist in the field of Workers' Compensation Law. This qualifies me for membership on the panel without the necessity of completing the remainder of this form.

Attached is a copy of my certification certificate.

OR/

1. I have handled within the past three (3) years at least twenty-one (21) or more of the following workers' compensation cases (A-D) involving twenty-one (21) different applicants, from application through conclusion:

A. At least "5" cases having been resolved by means of Findings and Award:

Case Name	Case Number	Date of Award	Description of Matter
-----------	-------------	---------------	-----------------------

(1)

(2)

(3)

(4)

(5)

B. At least "1" Petition for Reconsideration, having been pursued to conclusion:

Case Name	Case Number	Date of Award	Description of Matter
-----------	-------------	---------------	-----------------------

(1)

C. At least "10" cases having been resolved by means of Compromise & Release:

Case Name	Case Number	Date of Award	Description of Matter
-----------	-------------	---------------	-----------------------

(1)

(2)

(3)

(4)

(5)

(6)

(7)

<u>Case Name</u>	<u>Case Number</u>	<u>Date of Award</u>	<u>Description of Matter</u>
------------------	--------------------	----------------------	------------------------------

(8)

(9)

(10)

D. At least "5" cases having been resolved by means of Stipulated Award:

<u>Case Name</u>	<u>Case Number</u>	<u>Date of Award</u>	<u>Description of Matter</u>
------------------	--------------------	----------------------	------------------------------

(1)

(2)

(3)

(4)

(5)

2. I have participated in the deposition of at least "2" doctors. Identification of such matters is as follows:

<u>Case Name</u>	<u>Case Number</u>	<u>Date</u>	<u>Description of Matter</u>
------------------	--------------------	-------------	------------------------------

(a)

(b)

3. I have rated at least “5” injuries resulting in permanent disability, including at least 1 involving the combining of multiple disabilities. Identification of such matters is as follows:

<u>Case Name</u>	<u>Case Number</u>	<u>Date</u>	<u>Description of Matter</u>
------------------	--------------------	-------------	------------------------------

(a)

(b)

(c)

(d)

(e)

4. I have represented at least “3” injured workers in obtaining Vocational Rehabilitation Benefits, through adoption of an acceptable rehabilitation plan. Identification of such matters is as follows:

<u>Case Name</u>	<u>Case Number</u>	<u>Date</u>	<u>Description of Matter</u>
------------------	--------------------	-------------	------------------------------

(a)

(b)

(c)

5. I have also handled two (2) or more matters on reconsideration before the Workers' Compensation Appeals Board. Identification of two such matters is as follow:

<u>Case Name</u>	<u>Case Number</u>	<u>Date of Decision</u>	<u>Description of Matter</u>	<u>Work I Performed</u>
------------------	--------------------	-------------------------	------------------------------	-------------------------

(a)

(b)

6. I am knowledgeable as to related areas of benefits and rights to which an injured person may be entitled.

- 7. Other information, which I believe may be relevant: (Optional)
- 8. Attach exhibits if necessary.
- 9. Attached are two “*Recommendation of Professional Qualification*” forms from California lawyers or judges attesting to my qualifications in the area for which I am applying. **These form letters specifically reflect the authors' knowledge of my qualifications and include the writers' opportunity to observe my qualifications in the area for which I am applying.** If these form letters are from lawyers, they are not affiliated with my firm nor do I have any economic interest with them. (Revised 5/00)
- 10. I am not now nor have I ever been the subject of any bar association disciplinary proceedings, and I further state that I have never been the subject of suspension or disbarment. (*Per California Civil Code §43.95*)

Executed at _____, California on _____, 20_____.

I declare under penalty of perjury that foregoing is true and correct.

(Signature)

- ___ I will accept referrals for employees only employers only both employees and employers.
- ___ I will accept stress related referrals.
- ___ I will accept referrals of Federal Employee's Compensation.
- ___ I will accept referrals of Longshoremen’s and Harborworkers.

Application forms for all other panels are available at the LRIS office,
1333 Seventh Avenue, San Diego, California 92101. Telephone (619) 231-8585.