

ATTORNEY REFERRAL SERVICE

<u>APPELLATE LAW PANEL</u> Statement of Qualifications

Please check all areas that apply

| Criminal |
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Civil

brief.

□ Other (please specify)_____

I. <u>Certified Specialist:</u>

An applicant who is currently certified as a legal specialist by the California Board of Legal Specialization will automatically meet the experience requirements.

List Certified Specialties:

- II. <u>Minimum Education and Experience Qualifications (IF NOT CERTIFIED)</u>: Within the last three (3) years, applicant must have been counsel of record while licensed to practice law by the State Bar of California and personally performed all legal work and prepared or supervised the preparation of papers in connection with at least five (5) appeals. A least one of the five must have been an appellant's opening
- III. Minimum Library Requirements:

Applicant must have access to annotated codes and case reporters for all relevant authorities.

IV. Application For Special Consideration:

In lieu of, or in addition to, the above provisions, an applicant may make application to the LRIS Committee, in person or in writing, for consideration of the attorney's legal education, experience, and special qualifications for participation on the Appellate Law Panel.

I understand that the information contained herein is subject to reasonable verification and agree to cooperate with the LRIS Committee and its designees in the process of evaluating my qualifications. I declare, under penalty of perjury that I have met the above criteria and requirements, and that I am competent to handle Appellate Law referral matters in the panel subject areas checked above.

Attorney Name_____

Signature

Date



Attorney Referral Service

Appellate Law Panel Experience Qualifications Statement

Case No. 1 Date of work: Client Name: Title of Matter: Docket Number or Agency Identification Number: Description of work completed: Conclusion/Verdict:_____ Case No. 2 Date of work: Client Name: Title of Matter: Docket Number or Agency Identification Number: Description of work completed: **Conclusion/Verdict:** Date of work:_____ Case No. 3 Client Name: Title of Matter: Docket Number or Agency Identification Number: Description of work completed:_____ Conclusion/Verdict:_____ Use additional sheets if necessary

San Fernando Valley Bar Association Attorney Referral Service Appellate Law Panel Experience Qualifications Statement

| <u>Case No. 4</u> | Date of work: |
|--|---------------|
| Client Name: | |
| Title of Matter: | |
| Docket Number or Agency Identification Number: | |
| Description of work completed: | |
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| Conclusion/Verdict: | |
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| Case No. 5 | Date of work: |
| <u>Case No. 5</u> Client Name: | Date of work: |
| Client Name: | |
| Client Name: Title of Matter: | |
| Client Name: Title of Matter: Docket Number or Agency Identification Number: | |
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