

Please check all areas that apply

San Fernando Valley Bar Association



ELDER LAW PANEL Statement of Qualifications

| | ☐ Simple Will Drafting | | | | | |
|-----|--|--|--|--|--|--|
| | ☐ Estate & Trust Planning ☐ Probate & Estate Administration | | | | | |
| | ☐ Complex Litigation (Contested Probate, Accounting & Discovery Proceedings) | | | | | |
| | ☐ Guardianship | | | | | |
| | ☐ Conservatorship | | | | | |
| | Reduced Fee Wills | | | | | |
| | ☐ Elder Law | | | | | |
| I. | <u>Certified Specialist/NAELA:</u> (Certification qualifies the holder to join the Panel) | | | | | |
| | (Initial) I am certified as a Specialist in Elder Law by the National Academy of Elder Law Attorneys (NAELA). | | | | | |
| II. | Minimum Educational and Experience Qualifications: (If not certified) To qualify for Elder Law referrals, I attest to the following: | | | | | |
| | ☐ Within the past three (3) years, I have prepared at least five (5) living trusts involving long term care planning, and handled at least two (2) real property transfers including multiple tax consequences/issues. | | | | | |
| | ☐ Within the last two (2) years, I have attended the following special training workshop(s), educational program(s) for at least six (6) hours on Medi-Cal planning. Provide the following information. | | | | | |
| | <u>Date</u> <u>Title of Workshop/Educational Program</u> <u>Hours</u> <u>Sponsor/Location</u> | | | | | |
| | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | Use additional sheets if necessary | | | | | |
| | | | | | | |

| | | Within the past year, I have prepared at least three (3) Durable Power of Attorney for Health Care and three (3) for financial matters involving long term care planning. | | | | | |
|---|---|---|--|--|--|--|--|
| | | Within the past year, I have handled at least two (2) Medi-Cal Long Term Care planning cases. Please describe on page three (i.e., filling out Medi-Cal applications, preparing and attending a fair hearing, court transfer of assets, etc.) | | | | | |
| III. Nursing Home Abuse or Other Elder Law Abuse Litigation: (If not certified) To qualify for Elder Law Nursing Home or other Elder Law Abuse Litigation, I attest to two (2) or more of the following: | | | | | | | |
| ☐ Within the past two (2) years, I have conducted or attended the following special training workshop(s) for at least six (6) hours on Elder Law Nursing Home Abuse and/or other Elder Abuse Litigation. Provide the following information. | | | | | | | |
| | | <u>Date</u> <u>Title of Workshop</u> <u>Hours</u> <u>Sponsor/Location</u> | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3. | | | | | | |
| | _ | Use additional sheets if necessary | | | | | |
| | ☐ Within the past year, I certify to having handled at least one (1) Elder Law Nursing Home Abuse or other Elder Abuse case through verdict or decision for each matter. Provide the following information. | | | | | | |
| | | <u>Date</u> <u>Court/Jurisdiction</u> <u>Case No.</u> <u>Verdict/Conclusion</u> | | | | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3. | | | | | | |
| | Use additional sheets if necessary | | | | | | |
| | | | | | | | |

Within the past two (2) years, I certify to having resolved, through arbitration, mediation or settlement, no less than four (4) Elder Law Nursing Home Abuse or other Elder Law Abuse cases, for a combined total sum (i.e. award) of not less than \$250,000.

| | Date of Resolution | Court/Jurisdiction | Case No.* | Amount | | | |
|---|--|------------------------------|-----------|--------|--|--|--|
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4. | | | | | | |
| | 4*If subject to confidentiality, in lieu of case number, indicate 'CONFIDENTIAL' and briefly describe the nature of the dispute | | | | | | |
| | | Use additional sheets if neo | cessary | | | | |
| IV. Minimum Library Requirements: Applicant must have access to annotated codes and case reporters for all relevant authorities. | | | | | | | |
| V. | V. 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 Elder Law Panel. | | | | | | |
| I understand that the information contained herein is subject to reasonable verification and I 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 Elder Law referral matters in the panel subject areas checked above. | | | | | | | |
| Attorney Name | | | | | | | |
| Signature | | | Date | | | | |