

San Fernando Valley Bar Association

ATTORNEY REFERRAL SERVICE

PERSONAL INJURY, PROPERTY DAMAGE AND PROFESSIONAL MALPRACTICE PANEL

Statement of Qualifications

| Please check all areas that apply | |
|--|---|
| ☐ Personal Injury | Medical Malpractice |
| ☐ Property Damage | ☐ Dental Malpractice |
| ☐ Product's Liability | ☐ Legal Malpractice |
| ☐ Slip & Fall/ Premises Liab | |
| ☐ Defamation, Invasion of P | |
| ☐ Torts Defense | Other (Specify) |
| ☐ Tavern Owners Liability, | |
| <u>-</u> | e Qualifications: (Check all that apply) |
| Minimum qualifications to receive (5) years immediately preceding, m | referrals require that the panel attorney, within the last five |
| | conclusion seven (7) cases, including at least one (1) trial |
| | ee (3) of the cases must have included pleading stages, and at |
| | ent conference or arbitration proceeding to conclusion; and |
| ☐ For medical or legal malpractic | e matters, handled at least two (2) cases to verdict or court |
| decision. | |
| II. Minimum Library Requirements: | Applicant must have access to annotated codes and case |
| reporters for all relevant authorities | |
| III. Alternative Qualifications: | |
| ☐ Certification by a Judge: Note | withstanding the provision above and in substitution thereof, |
| ** | LRIS Committee a letter from a Judge currently sitting in the |
| | Court, attesting to the applicant's qualifications to handle |
| Personal Injury/Malpractice Lav | v cases. |
| | deration: In lieu of, or in addition to, the above provisions, |
| | ation to the LRIS Committee, in person or in writing, for |
| | legal education, experience, and special qualifications for |
| Panel. | njury, Property Damage, and Professional Malpractice Law |
| ranei. | |
| | nined herein is subject to reasonable verification and I agree |
| <u>-</u> | ttee and its designees in the process of evaluating my |
| = | alty of perjury that I have met the above criteria and |
| | etent to handle Personal Injury, Property Damage, and matters in the panel subject areas checked above. |
| Attorney Name | |
| Signature | |
| | |



Attorney Referral Service General Matters

| Case No. 1 | Case Number: |
|------------------------|--------------|
| Court/Jurisdiction: | |
| Description of Matter: | |
| | |
| Date of Completion: | |
| | |
| Case No. 2 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| | |
| Date of Completion: | |
| | |
| Case No. 3 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| | |
| Date of Completion: | |
| • | |
| Case No. 4 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| l | |
| Date of Completion: | |
| • | |
| Case No. 5 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| | |
| Date of Completion: | |
| • | |
| Case No. 6 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| | |
| Date of Completion: | |
| - | |
| Case No. 7 | Case Number: |
| Court/Jurisdiction: | |
| Description of Matter: | |
| <u> </u> | |
| Date of Completion: | |
| <u> </u> | |



Attorney Referral Service Medical or Legal Malpractice

| Case No. 1 Court/Jurisdiction: | Case Number: | |
|--------------------------------|----------------|--|
| | | |
| Description of Matter: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Date of Completion: | | |
| | | |
| | | |
| | | |
| Case No. 2 | Case Number: | |
| | Case Nullibel. | |
| | | |
| Court/Jurisdiction: | | |
| | | |
| Court/Jurisdiction: | | |