



San Fernando Valley Bar Association

ATTORNEY REFERRAL SERVICE

WORKERS' COMPENSATION PANEL

Statement of Qualifications

Please check all areas that apply

- ☐ State
☐ Federal
☐ Other (specify)_____

I. Certified Specialist:

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

_____ I am certified as a specialist in Workers' Compensation law by the State Bar.
(Initial)

II. Minimum Education and Experience Qualifications: (If not certified check all that apply)

To qualify for Workers' Compensation referrals I attest that the last three (3) years immediately proceeding, I have:

- ☐ Handled five (5) cases, involving five different claimants, from application through findings and award, stipulated award, or compromise and release; and
☐ Handled one (1) matter on reconsideration before the Board; and
☐ Affirm that I am knowledgeable as to the related areas of benefits and the rights to which an injured worker may be entitled (i.e.; third party civil claims, wrongful termination, Labor Code Sec. 132 (a), etc.)

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' legal education, experience and special qualifications for participation on the Workers' Compensation 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 Workers' Compensation Law referral matters in the panel subject areas checked above.

Attorney Name_____

Signature_____ Date_____



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Workers' Compensation Panel Experience Qualifications Statement

Case No. 1 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____

Case No. 2 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____

Case No. 3 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____

Case No. 4 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____

Case No. 5 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____

Reconsideration Before the Board

Case No. 1 **Case Number:** _____
Court/Jurisdiction: _____
Findings & Award: _____
Stipulated Award: _____
Compromise & Release: _____
Completion of Work Date: _____