

**LAWYER REFERRAL SERVICE  
SAN MATEO COUNTY BAR ASSOCIATION  
333 BRADFORD STREET, SUITE 200  
REDWOOD CITY, CA 94063  
(650) 298-4030**

Application and Qualification Statement for  
**CRIMINAL LAW EXPERIENCE PANEL**

Name: \_\_\_\_\_ State Bar# \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Number of continuous active years practiced in California \_\_\_\_\_

I have practiced criminal law at least three (3) years. Admission Year: \_\_\_\_\_

**You must have been the attorney of record and have 3-years experience in this area of law. If your experience is outside California or you do not meet the requirements listed for membership, but believe you have substantial equivalent experience, please state how and why your experience should be considered on a separate sheet of paper and attach it to this application. If you have questions concerning this application or your equivalent experience, please contact the San Mateo County Bar Association Lawyer Referral Office at the address and number listed above.**

**Certified Specialists**

An applicant who is a certified Criminal Law specialist, and whose current certification will last through the current membership year, automatically qualifies for all Criminal Law subpanels. Otherwise, applicant must satisfy the qualifications for Criminal Law subpanel(s) that are applicable.

Please check box if you are a certified Criminal Law specialist. If so, you **do not** need to complete this application any further.

**Beginning Level – Misdemeanors**

I have handled the following three cases through either sentencing, trial, or other final disposition:

Defendant & Docket No.	Court	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Experienced Trial Work (Misdemeanors and/or Felonies)**

I have handled the following ten misdemeanors or felony cases through trial, contested factual hearing or 1538.5 motion:

Defendant & Docket No.	Court	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Advanced Felony Panel**

I have handled through completion the following five felonies where the penalty range is four (4) years or more or felonies where enhancements have been charged:

Defendant & Docket No.	Court	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Capital Experience Panel**

I have handled the following two capital cases through final disposition: Defendant & Docket

No.	Court	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I submit the above information in support of my application for the San Mateo County Lawyer Referral Service Criminal Law Experience Panel and I agree to cooperate with the Service in facilitating reasonable verification of the same. I have read and am familiar with the Rules of the San Mateo County Bar Association Lawyer Referral Service and agree to abide by them. I declare under penalty of perjury that the foregoing is true and correct.

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Executed at \_\_\_\_\_, California on  
\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

*If you are unable to meet the above experience panel qualifications, you may submit in writing and attach to the Experience Statement, a statement under penalty of perjury of what you believe to be sufficient equivalent experience to qualify you for this panel.*