

**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:
Elder Dependent Adult Protection Team

The Elder Dependent Adult Protection Team (EDAPT) is a unique program which seeks to maximize County and private resources in assisting elders subjected to financial abuse. The Lawyer Referral Service is seeking seasoned attorneys with a good working knowledge of litigating all aspects of financial elder abuse cases. The Service will undertake to match litigation counsel with elders subjected to elder abuse. **Please Note:** If you are retained by an LRS client under this panel, it will be on a **CONTINGENCY BASIS ONLY**.

Name: _____ State Bar# _____

Office Address: _____

Telephone: _____ Fax: _____

Number of continuous active years practiced in California _____

Admission Year: _____

You must have 5-years' experience in the area of estate and probate litigation. 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.

Elder Law, Financial Elder Abuse

In order to be referred matters in this panel, the member must demonstrate experience in representing litigants, dependent adults (age 18-64) and seniors (age 65 or older), in probate or trust litigation matters. As evidence of experience, please supply the committee with the list of at least three cases (civil) through discovery to either a settlement, or trial within the last 5 years and supply the name of the case, the court, the year the matter resolved, and a brief statement as to the nature of the matter. All cases should involve issues of financial elder abuse.

Case Name	Court	Year
1. _____	_____	_____

Brief description of matter:

Case Name	Court	Year
2. _____	_____	_____

Brief description of matter:

Case Name _____ Court _____ Year _____

3. _____

Brief description of matter:

Case Name _____ Court _____ Year _____

4. _____

Brief description of matter:

Case Name _____ Court _____ Year _____

5. _____

Brief description of matter:

I submit the above information in support of my application for the San Mateo County Lawyer Referral Service **Elder Dependent Adult Protection Team** (EDAPT) 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.

Executed at _____, California

on the _____ 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.