

**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
PERSONAL INJURY & PRODUCT LIABILITY SUBJECT PANEL

Name: _____ State Bar# _____

Office Address: _____

Telephone: _____ Fax: _____

Number of continuous active years practiced in California _____

I have practiced personal injury and product liability 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.

Substantial Equivalent Experience: If you cannot meet the following requirements for Panel membership, but believe that you qualify by reason of substantial, equivalent experience, you may submit an outline of such experience. You may receive referrals in the following areas: automobile accidents, slip or trip and fall, assault and/or battery, libel, slander or harassment, police brutality, medical malpractice, **products liability** or insurance bad faith, among others.

Requirements:
 You must have handled at least three such cases in the last three years through contested judicial or other arbitration, and/or at least one such case through jury trial in the last five years.

Three (3) cases through judicial or other arbitration:

Case Name			
Date filed			
County/Court/Case#			
Plaintiff's Demand			

Defendant's Offer			
Nature of Case			
Judgment or other resolution			
Counsel for			

-OR-

One (1) case through jury trial:

Case Name: _____ Date filed: _____

County/Court/Case#: _____

Plaintiff's Demand: _____ Defendant's Offer: _____

Nature of Case: _____

Judgment or other resolution: _____ Counsel for: _____

I submit the above information in support of my application for the San Mateo Lawyer County Lawyer Referral Service Personal Injury and Product Liability Law 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.