

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

Application & Qualification Statement for  
**TAXATION LAW PANEL**

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

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

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

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

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

**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, as provided for in Rule 7 of the Lawyer Referral Service Rules.

**Experience Qualifications:** Applicant may qualify under **A** or **B**, below.

**A)** In order to be referred matters in the following classes, applicant must be a certified specialist in taxation law, **OR** have an LL.M. degree in taxation.

I am a certified specialist in taxation law. Please indicate year certified: \_\_\_\_\_

I have an LL.M. degree in taxation. Please indicate the school from which and the year in which you received your degree: \_\_\_\_\_

If certified specialist or LL.M., please indicate the class(es) for which you want referrals:

Class 1 (Personal Income Taxation)

Class 2 (Business Income Taxation)

Class 3 (Tax Procedures, Audits and Litigation)

**-OR-**

**B)** For each class in which the applicant is interested in receiving referrals, applicant must have handled, in the last three years, three matters in the class and have rendered a written opinion in one such matter.

**Class 1 - Personal Income Taxation**

Identification: If matter is on public record, identify court or agency; give file number and date of original filing. If an office matter only, give office file designation and date but omit client's name.

Please list one matter in which written opinion was rendered:

Date:

1. \_\_\_\_\_

Please list two other matters handled:

Date:

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Class 2 - Business Income Taxation**

Identification: If matter is on public record, identify court or agency; give file number and date of original filing. If an office matter only, give office file designation and date but omit client's name.

Please list one matter in which written opinion was rendered:

Date:

1. \_\_\_\_\_

\_\_\_\_\_

Please list two other matters handled:

Date:

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Class 3 - Tax Procedures, Audits and Litigation**

Identification: If matter is on public record, identify court or agency; give file number and date of original filing. If an office matter only, give office file designation and date but omit client's name.

Please list one matter in which written opinion was rendered:

Date:

1. \_\_\_\_\_

\_\_\_\_\_

Please list two other matters handled:

Date:

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I submit the above information in support of my application for the San Mateo Lawyer County Lawyer Referral Service Taxation 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.

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.*