

**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  
BANKRUPTCY/INSOLVENCY SUBJECT PANEL**

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

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

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

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

I have practiced bankruptcy/insolvency 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 Bankruptcy Law specialist, and whose current certification will last through the current membership year, automatically qualifies for all Bankruptcy subpanels. Otherwise, applicant must satisfy the qualifications for subpanel(s) that are applicable.

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

**CONSUMER DEBTORS**

In order to be referred cases of consumer bankruptcy (non-business bankruptcies), applicant must have represented a consumer in at least five bankruptcy cases, within the past (1) year.

a) Proceeding under Chapter 7 of the Bankruptcy Code:

Case Number	Court	Date	Proceed to discharge
1. _____	_____	_____	( ) Yes ( ) No
2. _____	_____	_____	( ) Yes ( ) No
3. _____	_____	_____	( ) Yes ( ) No

4. \_\_\_\_\_ ( ) Yes ( ) No

5. \_\_\_\_\_ ( ) Yes ( ) No

b) Proceeding under Chapter 13 of the Bankruptcy Code:

Case Number	Court	Date	Plan Confirmed
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1. _____	_____	_____	( ) Yes ( ) No
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2. _____	_____	_____	( ) Yes ( ) No
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3. _____	_____	_____	( ) Yes ( ) No
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4. _____	_____	_____	( ) Yes ( ) No
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5. _____	_____	_____	( ) Yes ( ) No
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**BUSINESS DEBTORS**

In order to be referred cases involving an on-going or recently terminated business or professional practice, applicant must have represented individual or business entities in at least five cases, at least two of which involved confirmation of a Plan of Reorganization, within the past three years. The five cases must include at least two of the following:

a) Proceeding under Chapter 7 of the Bankruptcy Code:

Case Number	Court	Date
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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5. _____	_____	_____
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b) Proceeding under Chapter 11 of the Bankruptcy Code:

Case Number	Court	Date
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1. _____	_____	_____
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2. _____	_____	_____
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Involved Confirmation of Plan of Reorganization ( ) Yes ( ) No Date \_\_\_\_\_

**CREDITORS**

In order to be referred cases to represent creditors, applicant must have represented at least three creditors within the past three years. The three cases must include at least one of each of the following:

a) Secured claim

Case Number	Court	Date
1. _____	_____	_____
2. _____	_____	_____

b) Unsecured Claim

Case Number	Court	Date
1. _____	_____	_____
2. _____	_____	_____

c) Motion for Relief from Stay

Case Number	Court	Date
1. _____	_____	_____
2. _____	_____	_____

(d) Objection to Confirmation of Plan

Case Number	Court	Date
1. _____	_____	_____
2. _____	_____	_____

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