



**WORKERS' COMPENSATION LAW PANEL
STATEMENT OF QUALIFICATIONS**

APPLICANT INFORMATION:

NAME: _____

YEAR OF ADMISSION TO THE STATE BAR _____

I. CERTIFIED SPECIALIST (Certification qualifies the holder to join the Panel.)

I am currently certified as a Specialist in Workers' Compensation by the California State Bar..

II. MINIMUM QUALIFICATIONS (If not certified)

To qualify for Workers' Compensation referrals I attest that within the two (2) years immediately preceding, I have:

A. Handled five (5) cases, involving five different claimants, from application through findings and award, stipulated award, or compromise and release; and Handled two (2) cases, involving Application through litigation to Findings & Award; and

B. Handled two (2) matter on reconsideration before the board; and

C. I Affirm that I am knowledgeable as to the related areas of benefits and rights to which an injured worker may be entitled (i.e.; third party civil claims, wrongful termination, social security, FEHA, and ADA) and

D. Participated in the deposition of two (2) doctors in a workers' compensation case.

MINIMUM QUALIFICATIONS INFORMATION:

<u>Court/Jurisdiction</u>	<u>Case No.</u>	<u>Date of Conclusion</u>	<u>Findings & Award</u>	<u>Stipulated Award</u>	<u>Compromise & Release</u>	<u>Litigation to Finding & Award</u>
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____

Reconsideration

1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

Minimum Qualifications continued on the next page

CONTINUING LEGAL EDUCATION REQUIREMENTS

Completed twelve (12) hours of seminars approved for MCLE credit in the area of Workers' Compensation as follows:

Title: _____ Date:

Sponsored by:

Title: _____ Date:

Sponsored by:

Title: _____ Date:

Sponsored by:

III. **ALTERNATE QUALIFICATIONS** (Check all that apply)

A participating attorney not meeting the Minimum Qualifications for the Workers' Compensation Law Panel may alternatively qualify to receive referrals after having submitted the following statement to the Lawyer Referral & Information Service Committee of completion of the following procedures.

To qualify for Workers' Compensation referrals, I attest that within the last two (2) years, I have:

- A. Completed eighteen (18) hours of seminars approved for MCLE credit in the area of Workers' Compensation as follows:

Title: _____ Date:

Sponsored by:

Title: _____ Date:

Sponsored by:

Title: _____ Date:

Sponsored by:

- B. Handled the following Workers' Compensation case from Application through litigation to Findings & Award:

Court/Jurisdiction _____ Case No. _____

Date Concluded _____

Name of Supervising Attorney _____

Alternate Qualifications continued on the next page

- C. I have spent one (1) full day at the Workers' Compensation Appeals Board observing proceedings with an experienced Workers' Compensation Attorney.

Name of Attorney _____

- D. I affirm that I am knowledgeable as to the related areas of benefits and rights which an injured worker may be entitled to (i.e.; third party civil claims, wrongful termination, social security, FEHA, and ADA)

- E. Participated in the deposition of two (2) doctors in a workers' compensation case.

APPLICATION FOR SPECIAL CONSIDERATION:

In lieu of, or in addition to, the above provisions, a panel attorney may make application to the Lawyer Referral & Information Service Committee, in person or in writing, for consideration of the attorney's legal education, experience and special qualifications for participation on the Workers' Compensation Panel.

I submit this Statement of certification or () Minimum () Alternate Qualifications or other evidence of my eligibility to participate on the Workers' Compensation Law Panel of the Orange County Bar Association Lawyer Referral & Information Service. I understand that the information contained herein is subject to reasonable verification and I agree to cooperate with the Lawyer Referral & Information Service Committee and its designees in the process of evaluating my qualifications. I declare, under penalty of perjury, that the foregoing is true and correct.

SIGNATURE OF APPLICANT

DATE