



Lawyer Referral Service

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Experience Panel Qualification Questionnaire

Please complete a separate form for each area(s) you have checked below for which you request client referrals. If you are a Certified Specialist by the State Bar in this area of law, you need only provide the date of your most recent certification. Thank you.

- | | |
|---|---|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Business and Contract Law |
| <input type="checkbox"/> Conservatorships & Guardianships | <input type="checkbox"/> Criminal Law |
| <input type="checkbox"/> Estate Planning and Elder Law; Probate Law | <input type="checkbox"/> Family Law & Domestic Violence |
| <input type="checkbox"/> General Civil Litigation | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Labor and Employment Law | <input type="checkbox"/> Landlord & Tenant |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Social Security | |

Date of most recent certification by the State Bar as a specialist in this area? _____

OR

1. Please indicate the number of years you have practiced in this area of law. _____
2. Please list continuing education classes (i.e., CEB courses, seminars, etc.) you have attended in this area of law in the last two (2) years:
3. Please describe any other special training you have had in this area of law:
4. Please indicate your work experience in this area of law (e.g., number of hearings, trials, settlements, types of cases, etc.):

I declare under penalty of perjury, pursuant to the laws of the State of California, that the foregoing is true and correct. Executed on _____ at _____, California.

Signature of Attorney