

**Santa Clara County Bar Association
Lawyer Referral Service**

Name: _____ Telephone: _____

Office Address: _____

(Zip code)

EXPERIENCE STATEMENT - WORKER'S COMPENSATION

Within the last five years I have handled (been personally responsible for the following matters which demonstrates in my judgment that I meet or exceed the minimum number required).

WORKER'S COMPENSATION QUALIFICATIONS

Has handled at least five (5) industrial compensation cases through Appeals Board hearing, involving temporary or permanent disability.

Or is Certified Specialist, Worker's Compensation Law, California Board of Legal Specialization.

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

Date: Give month and year the required experience was completed in the matter.

(Identification)

(Date)

First Matter: _____

Second Matter: _____

Third Matter: _____

Fourth Matter: _____

Fifth Matter: _____

Worker's Compensation Specialist: Yes ()

Date Certified or Re-Certified _____

I submit the above information in support of my application for panel membership in the Lawyer Referral Service; I agree to cooperate with the Service in facilitating reasonable verification thereof and otherwise reviewing my qualifications for the Worker's Compensation panel under the Rules; and I further declare under penalty of perjury that the foregoing is true and correct in all respects.

Date

Signature of Applicant