Experience Panels Applications

ADR/Mediation
Civil Appeals
Family Law
FMLA/FLSA Law
Employment Litigation
Medical Malpractice
Social Security Law
Veterans Benefits
Alternative Dispute Resolution and Mediation

Scope: The Lawyer Referral Service offers membership on its ADR panel only to those attorneys who have satisfied all the requirements set by the CADRES (Court Alternate Dispute Resolution Services) for acceptance onto the Maine State Judicial Branch ADR rosters.

Please attach proof of active listing on the State of Maine ADR rosters for any of the following areas.

- XADR  □ Domestic Relations Mediation Roster
- XAGC  □ General Civil Litigation Mediation Roster
- XALU  □ Land Use/Environmental/Natural Gas Pipeline Mediation Roster
- XANE  □ Superior Court Early Neutral Evaluation Roster
- XASA  □ Superior Court Arbitration Roster
- XASC  □ Small Claims Mediation Roster
- XASM  □ Superior Court Mediation Roster

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service ADR/Mediation Experience Panel, as set forth above.

Print Name: ________________________________ Date: ________________

Signature: __________________________________________
Family Law Experience Panel

Scope: Members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Family law matters involving actions for divorce and to establish paternity and parental rights and responsibilities, including post-judgment actions in these areas, as evidenced by:

Family Law Experience Panel Criteria

I. General Practice & Litigation Experience
✓ Satisfy 2 requirements
  □ Active practice for at least 5 years — Since ________.
  □ Served as lead counsel in 8 cases of any sort in Maine and/or Fed. Court within last 5 years.
  □ Participated in Fed. Court summary judgment or argued one appeal within last 5 years.
  □ Completed CASA training within the last 10 years – Year ________.
  □ Prepared documents and assisted in family law filings, not necessarily to resolution, for 10 cases in last 5 years.

II. Family Law Specific Experience
✓ satisfy either a or b
  a) Actively participated in 1 Family Law case brought to trial which involved parental rights and responsibilities and/or property or equitable distribution issues within last 5 years.
     □ Fill In:
     Case Name: __________________________ Docket: _________ Court: _______ Year ______
  b) Negotiated a final resolution of 5 Family Law cases in last 5 years, three of which involved parental rights and responsibilities and/or property or equitable distribution issues.
     □ Attach list.

III. Education
✓ Satisfy only 1 of 3 requirements
  a) Attended at least 15 CLE hours on Family Law in past 10 years
     □ Attach list with seminar titles, years, and credits.
  b) Served on faculty of 2 CLE seminars on Family Law topics
     □ Attach list with seminar titles, session title, and year.

(Over for Certification and Panel Selection)
Family Law Experience Panel (cont'd)

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Family Law Experience Panel as set forth above.

Print Name: ___________________________ Date: __________________

Signature: __________________________________________

SELECT sub-categories below:

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>XFCS</td>
<td>Custody &amp; Support</td>
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<td>XFDH</td>
<td>DHS Issues</td>
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<td>XFDS</td>
<td>Divorce &amp; Separation</td>
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<td>XFFA</td>
<td>Family Abuse - Sexual or Physical</td>
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<td>XFFP</td>
<td>Foster Parents Rights and Responsibilities</td>
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<tr>
<td>XFGD</td>
<td>Guardian Ad Litem - Divorce</td>
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<tr>
<td>XFRD</td>
<td>Termination of Parental R&amp;R</td>
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<td>XFSP</td>
<td>Annullment</td>
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<td>XFGF</td>
<td>Guardian Ad Litem - Family Issues</td>
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<td>XFGP</td>
<td>Grandparents Rights and Visitation</td>
</tr>
<tr>
<td>XFFA</td>
<td>Paternity Determination</td>
</tr>
<tr>
<td>XFFF</td>
<td>Protection Orders in Family</td>
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<tr>
<td>XFFP</td>
<td>Rights of Unmarried Persons</td>
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<td>XFSF</td>
<td>Spousal Support</td>
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<tr>
<td>XFM</td>
<td>Post-judgment Motions</td>
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<td>XFSP</td>
<td>Rights of Surrogate Parents</td>
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<td>XFDP</td>
<td>De Facto Parenting Claims</td>
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</table>
Family Medical Leave Act (FMLA) Experience Panel

Scope: Members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Family Medical Leave Act cases which may have been previewed by the Federal Department of Labor and directed to MSBA LRS per the participation of this service in a program created in collaboration with the American Bar Association, including only ABA-Approved referral services, in order to give citizens access to local legal consultation and/or representation in cases with possible merit. Participation criteria for this panel fulfill the requirements put forth by the DOL.

FMLA Experience Panel Criteria

I. General Practice & Litigation Experience
   Required
   □ The attorney has represented employees in at least three cases asserting claims arising under the Family Medical Leave Act (29 U.S.C. §2601, et. seq.) to resolution in the past three years.

   IDENTIFY CASES BY NAMES AND/OR DOCKET NUMBERS and DATE COMPLETED
   1) ____________________________________________________________
   2) ____________________________________________________________
   3) ____________________________________________________________

II. Employment Law Specific Continuing Education
   Required
   The attorney has attended a CLE course in employment law for at least three credits in the past two years:

   □ Fill In and Attach proof of attendance:

   CLE Event & Producer: __________________________________________
   Location: __________________________ Date: ______________________

   and
   □ agrees to continue during the course of panel membership to earn a minimum of three CLE credits from attendance at employment law courses every two years, providing POA as requested.

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Family Medical Leave Act Experience Panel as set forth above.

Print Name: __________________________ Date: ______________________

Signature: __________________________________________

Select Either or Both Panels by Checking Box(es)

XDLE □ DOL FMLA for Employee
XDLR □ DOL FMLA for Employer
Fair Labor Standards Act (FLSA) Wage & Hour Experience Panel

Scope: Members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Fair Labor Standards Act (FLSA) Wage and Hour cases which may have been previewed by the Federal Department of Labor and directed to MSBA LRS per the participation of this service in a program created in collaboration with the American Bar Association, including only ABA-Approved referral services, in order to give citizens access to local legal consultation and/or representation in cases with possible merit. Participation criteria for this panel fulfill the requirements put forth by the DOL.

FLSA Experience Panel Criteria

I. General Practice & Litigation Experience
   Required:
   □ The attorney has had substantial involvement in at least three matters to resolution on behalf of employees involving wage and hour claims within the last three years.

   IDENTIFY CASES BY NAMES AND/OR DOCKET NUMBERS and DATE COMPLETED

   1) ____________________________________________

   2) ____________________________________________

   3) ____________________________________________

II. Employment Law Specific Continuing Education
   Required:
   □ The attorney has attended a CLE course in employment law for at least three credits in the past two years

   Fill In and Attach proof of attendance:
   CLE Event & Producer: __________________________________________________________

   Location: ___________________________ Date: ___________________________

   and
   □ agrees to continue during the Course of panel membership to earn a minimum of three CLE credits from attendance at employment law courses every two years, providing POA as requested.

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Fair Labor Standards Act Experience Panel as set forth above.

Print Name: ___________________________ Date: ________________

Signature: ___________________________

Select Either or Both Panels by Checking Box(es)

XDSE □ DOL FLSA for Employee

XDSR □ DOL FLSA for Employer
Employment Law Experience Panel

Scope of panel: members of this panel are accomplished attorneys who have sufficient training and experience to competently represent employers or employees in litigation involving employee benefits, termination issues, workplace discrimination claims, and government employment. The panelists do not necessarily have expertise on collective bargaining issues, union representation, E.R.I.S.A. or other highly specific employment matters.

Experience (must satisfy 2 requirements in each category)

General Practice and Litigation

a) Must have been in active practice for five years
b) Actively litigated in 8 cases of any sort in Maine and/or Federal Courts
c) Participated in Federal Court summary judgment or argued one appeal

Employment Law Specific Experience

d) Actively participated in 1 Employment Law case brought to trial
c) Negotiated a final resolution of 2 Employment Law cases in last 5 years
f) Pursued or defended a charge of employment discrimination before Maine Human Rights Commission in at least 3 cases, with at least 1 personal appearance

Education (must satisfy 1 of the 3 requirements)

a) Attended at least 10 hours of CLE on Employment Law in past 10 years
b) Served on faculty of 2 CLE seminars on Employment Law topic
c) Authored 3 or more published articles on Employment Law topic

Criteria Documentation

Experience: Must satisfy 2 requirements in BOTH of the Experience sub-categories

Sub-category I: General Practice and Litigation

a) Actively practiced law for 5 or more years, since __________

b) Actively litigated in 8 cases of any sort in Maine and/or Federal Courts - list cases:

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c) Participated in Federal Court summary judgment or argued one appeal:

| 1 | (over) |
Sub-category II: Experience Specific to Employment Law (must satisfy 2 of 3)

d) Actively Participated in 1 Employment Law case brought to trial
   Docket #

e) Negotiated to final resolution 2 Employment Law cases in last 5 years
   Case Docket #
   Case Docket #

f) Pursued or defended a charge of employment discrimination before Maine Human Rights Commission in at least 3 cases, with at least 1 personal appearance
   Case Docket # Appearance
   Case Docket # Appearance
   Case Docket # Appearance

Education (must satisfy 1 of the 3 below)

a) Attended at least 10 hours of CLE on Employment Law in past 10 years

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b) Served on faculty of 2 CLE seminars on Employment Law topic

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c) Authored 3 or more published articles on Employment Law topic

Attach copies, with journal name and publication date.
Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Employment Law Experience Panel, as set forth above.

Print Name: __________________________ Date: ______________

Signature: ________________________________________________

SELECT sub-categories below:

Employment Law

Representing EMPLOYEES
XEDS  □ Discrimination
XENC  □ Non-Compete Agreements - Disputes
XERR  □ ERISA, Retirement Benefits, Pensions
XESH  □ Sexual Harassment
XETN  □ Termination - Non-Union
XETU  □ Termination - Union
XEUE  □ Unemployment Issues
XEUR  □ Union Representation Problems
XEBW  □ Whistle Blowers Act for Employee

Representing EMPLOYER
XERD  □ Discrimination
XERP  □ ERISA, Retirement Benefits, Pensions
XERS  □ Sexual Harassment
XERT  □ Termination - Non-Union
XERU  □ Termination - Union
XERI  □ Unemployment Issues
XERX  □ Union Representation Problems
XEWE  □ Whistle Blowers Act for Employer
Medical Malpractice Experience Panel

Scope of the panel: members of this panel are highly accomplished trial attorneys who have sufficient training, experience, and resources to competently represent clients in medical malpractice litigation.

1. **Litigation experience** (3 of 4 criteria must be met):
   (a) Handled 2 or more cases through the medical malpractice screening panels in the past 5 years;
   (b) Tried to jury verdict at least 1 medical malpractice case or other personal injury cases in the past 5 years;
   (c) Litigated through discovery at least 10 medical malpractice or other personal injury cases in the last 5 years; or
   (d) Served as panel member on a pre-litigation screening panel.

2. **Variance**:  
   An applicant lacking in any element of the criteria in Section 1 may request a variance from the criteria by submitting to the LRS Committee a written request which explains how other experience demonstrates satisfactory command of this complex area of litigation. An application for variance must be submitted to the Executive Director of LRS who shall present it for consideration of the committee to determine applicant’s eligibility.

3. **Representations by the prospective panelists**:
   (a) The panelist must be willing to accept cases on a statewide basis;
   (b) The panelist is willing to advance the expenses of litigation;
   (c) The panelist must carry professional liability coverage of $1,000,000.00.

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**Criteria Documentation**

1. **Litigation experience** (3 of 4 criteria must be met)):

   (a) 2 or more cases through medical malpractice screening panel in last 5 years;

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   (b) Tried to jury verdict at least 2 med mal or personal injury cases in past 5 years;

   Case Name ___________________________ Docket Number __________________

   Case Name ___________________________ Docket Number __________________
(c) Litigated through discovery at least 10 med mal or personal injury cases in last 5 years

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(d) Served as panel member on pre-litigation screening panel

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☐ VARIANCE OPTION: Please check here ONLY if submitting a request for a variance, and attach page(s) of argument on letterhead, signed and dated

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Medical Malpractice Experience Panel, as set forth above. I further certify that:

I will
☐ accept cases on a statewide basis;
☐ advance the expenses of litigation

and that I do
☐ carry professional liability coverage of $1,000,000.00.

Print Name: ___________________________ Date: ____________

Signature: ___________________________

SELECT sub-categories:

Medical Malpractice Law
XMP ☐ Against Physician/Staff
XMH ☐ Against Hospital/Staff
XMD ☐ Against Dentist/Staff
XMT ☐ Against Therapist/Staff
XMJ ☐ For Prisoners
Social Security Experience Panel

Scope of the panel: members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Social Security Disability appeals before an Administrative Hearing Officer.

1. Litigation Experience - 5 Social Security appeals successfully litigated within the previous 5 years.

2. Legal Education or Area Experience
   a) 5 hours of CLE on Social Security Disability in the past five years, if available in the State of Maine.
   or
   b) Active practice for 10 years before the Social Security Administration

Criteria Documentation

1) Litigation Experience
   5 successful appeals within past five years.

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<th>Case Name</th>
<th>Court</th>
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2) Legal Education or Area Experience
   5 hours of CLE on Social Security Disability within the past five years, if available in the State of Maine.

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<th>Course Name</th>
<th>CLE Credits</th>
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OR □ 10 or more years Active Practice before Social Security Administration.

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Social Security Experience Panel, as set forth above.

Print Name: __________________________ Date: __________________________

Signature: __________________________

Social Security Law

XSSI □ SS Denial   XSSO □ SS Overpayment   XSSD □ Social Security Disability Denial
Veterans Benefits Representation & Appeals

Scope: The Lawyer Referral Service offers membership on its VeteransBenefits panel only to those attorneys who have satisfied all the requirements set by the U.S. Department of Veterans Affairs for representation of veterans in benefits matters.

Please attach all of the following:
☐ a copy of letter of accreditation from the Department of Veteran’s Affairs;
☐ a copy of annual certification [38 C.F.R. §14.629(b)(4)], to be updated on each anniversary; and
☐ a copy of proof of 3 hours CLE credits per the schedule required by the DVA, updating as per their requirements.

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Veterans Benefits and Appeals Experience Panel, as set forth above.

Print Name: ___________________________ Date: ______________

Signature: ___________________________

SELECT sub-categories:

☐ XZAC  Veterans Benefits Claims
☐ XZAP  Veterans Benefits Pension
☐ XZAD  Veterans Benefits Disability Compensation
☐ XZAI  Veterans Benefits Dependency and Indemnity Compensation
☐ XZBA  Veterans Benefits Appeals
Civil Appeals Experience Panel

Scope of the panel: members of this panel have had sufficient experience with civil appeals to be familiar with the appellate process. This code (CVA) will be used in conjunction with the originating area of law to direct referrals.

1. Specific Appellate Experience: (1 of 3 criteria must be met)

   (a) Clerked for Appellate Court for at least one year
      OR
   (b) Prepared and filed an appellate brief in at least 3 cases
      OR
   (c) Presented oral argument before the Law Court.

Criteria Documentation

(a) Appellate clerk experience:

   Court __________________________ From ____________ to ____________  

(b) Prepared and filed appellate briefs:

   Docket Number  
   1) ________________ Date of Filing ________________
   2) ________________ Date of Filing ________________
   3) ________________ Date of Filing ________________

   (c) Law Court argument ________________________________

Certification of Information

I certify that I meet all requirements for participation on the Lawyer Referral Service Civil Appeals Experience Panel as set forth above.

Signature: _______________________________________________