

Name: \_\_\_\_\_  
*Please Print*

## Alternative Dispute Resolution & Mediation Experience Panel

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

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

- Domestic Relations Mediation Roster
- General Civil Litigation Mediation Roster
- Land Use/Environmental/Natural Gas Pipeline Mediation Roster
- Superior Court Early Neutral Evaluation Roster
- Superior Court Arbitration Roster
- Small Claims Mediation Roster
- Superior Court Mediation Roster

---

### **CERTIFICATION OF INFORMATION: ADR & MEDIATION**

I certify that I meet all requirements for participation in the Lawyer Referral Service's **ADR & Mediation Experience Panel**, as set forth above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*Please Print*

## Civil Appeals Experience Panel

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

### Specific Appellate Experience

ONE of three criteria must be met:

1. Clerked for Appellate Court for at least 1 year
2. Prepared and filed an appellate brief in at least 3 cases
3. Presented oral argument before the Law Court

### CRITERIA DOCUMENTATION

- a. Appellate Clerk experience:

Court: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

- b. Prepared & Filed Appellate briefs:

	Date of Filing	Docket #
1.		
2.		
3.		

- c. Law Court Argument \_\_\_\_\_

### CERTIFICATION OF INFORMATION: CIVIL APPEALS

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Civil Appeals Experience Panel**, as set forth above. I further certify that:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Employment Law Experience Panel (2 pages)

Scope: Panel members have sufficient training and experience to competently represent employers or employees in litigation involving employee benefits, termination issues, workplace discrimination claims, and government employment. Experience not necessary in collective bargaining issues, union representation, ERISA, or other highly specific employment matters.

### CRITERIA DOCUMENTATION

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

#### Sub-Category I: General Practice & Litigation

- a) Actively practiced law for 5+ years since \_\_\_\_\_
- b) Actively litigated in 8 cases of any sort in Maine and/or Federal Courts – list cases:

DOCKET #		DOCKET #	
1		5	
2		6	
3		7	
4		8	

- c) Federal Court summary judgment, OR argued one appeal: Docket # \_\_\_\_\_

#### Sub-Category II: Specific Employment Law Experience

- a) Actively participated in 1 Employment Law case brought to trial: Docket#
- b) Negotiated to final resolution 2 Employment Law cases in the last 5 years:

DOCKET #		CASE
1		
2		

- c) Pursued or defended a charge of employment discrimination before the Maine Human Rights Commission in at least 3 cases, with at least 1 personal appearance:

DOCKET #		CASE
1		APPEARED
2		APPEARED
3		APPEARED

## Employment Law Experience Panel (2 pages)

**Education:** Must satisfy 1 of 3:

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

	DATE	SEMINAR TITLE	CREDITS
1			
2			
3			
4			
5			

b) Served on faculty of 2 CLE seminars on Employment Law topics:

	DATE	SEMINAR TITLE	LOCATION
1			
2			

c) Authored 3 or more published articles on Employment Law topics: **ATTACH COPIES**, with journal name and publication date.

### CERTIFICATION OF INFORMATION: EMPLOYMENT LAW

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMPLOYMENT LAW**  
 Select sub-categories below

**Representing EMPLOYEES:**

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Unemployment Issues
<input type="checkbox"/> ERISA, Retirement, Pensions	<input type="checkbox"/> Termination, Non-Union	<input type="checkbox"/> Whistleblowers Act
<input type="checkbox"/> Non-Compete Agreements	<input type="checkbox"/> Termination, Union	

**Representing EMPLOYERS:**

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Termination, Non-Union	<input type="checkbox"/> Union Representation Issues
<input type="checkbox"/> ERISA, Retirement, Pensions	<input type="checkbox"/> Termination, Union	<input type="checkbox"/> Whistleblowers Act
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Unemployment Issues	

Name: \_\_\_\_\_  
Please Print

## 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 TWO Requirements

- Active practice for at least 5 years. Since \_\_\_\_\_
- Served as lead counsel in 8 cases of any sort in Maine and/or Federal Court within the last 5 years.
- Participated in Federal Court summary judgment or argued one appeal within the 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 the last 5 years.

#### II. Family Law Specific Experience

##### Satisfy either

- a. Actively participated in one Family Law case brought to trial, which involved parental rights and responsibilities and/or property or equitable distribution issues within the last 5 years.
  - Case Name: \_\_\_\_\_ Docket #: \_\_\_\_\_
  - Court: \_\_\_\_\_ Year: \_\_\_\_\_
- b. Negotiated a final resolution of 5 Family Law cases within the last 5 years, three of which involved parental rights & responsibilities and/or property or equitable distribution issues.
  - Attach a list of the above.

#### III. Education

##### Satisfy only ONE

- a. Attended at least 15 CLE hours on Family Law in the past 10 years. *Attach list with seminar titles, years, and credits.*
- b. Served on faculty of 2 CLE seminars on Family Law topics. *Attach a list with seminar titles, session titles, and years.*

---

### CERTIFICATION OF INFORMATION: FAMILY LAW

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Family Law Experience Panel**, as set forth above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### FAMILY LAW

Select sub-categories below.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Annulment                    | <input type="checkbox"/> Foster Rights/Responsibilities | <input type="checkbox"/> Post-Judgment Motions       |
| <input type="checkbox"/> Custody & Support            | <input type="checkbox"/> Grandparents' Rights           | <input type="checkbox"/> Protection Orders in Family |
| <input type="checkbox"/> De Facto Parenting           | <input type="checkbox"/> Guardian ad Litem: Divorce     | <input type="checkbox"/> Rights of Surrogate Parents |
| <input type="checkbox"/> DHHS Issues                  | <input type="checkbox"/> Guardian ad Litem: Other       | <input type="checkbox"/> Rights of Unmarried Parents |
| <input type="checkbox"/> Divorce/Separation           | <input type="checkbox"/> Paternity Determination        | <input type="checkbox"/> Spousal Support             |
| <input type="checkbox"/> Family Sexual/Physical Abuse |   |  |

Name: \_\_\_\_\_  
*Please Print*

## Family Medical Leave Act 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 the MSBA Lawyer Referral Service 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 Department of Labor.

### FAMILY MEDICAL LEAVE ACT EXPERIENCE PANEL CRITERIA

#### I. General Practice & Litigation Experience (Required)

- The attorney has represented employees in at least 3 cases asserting claims arising under the Family Medical Leave Act (29 U.S.C. §2601, et. seq.) to resolution in the past 3 years.

	DATE	CASE	DOCKET #
1			
2			
3			

#### II. Employment Law Specific Continuing Education (Required)

- The attorney has attended a CLE course in employment law for at least 3 credits in the past 2 years.

#### COMPLETE BELOW, 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 3 CLE credits from attendance at employment law courses every 2 years, providing POA as requested.

### CERTIFICATION OF INFORMATION: FAMILY MEDICAL LEAVE ACT

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Family Medical Leave Act Experience Panel**, as set forth above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### SELECT EITHER OR BOTH PANELS

FMLA for Employee

FMLA for Employer

Name: \_\_\_\_\_  
*Please Print*

## Fair Labor Standards Act Experience Panel

Scope: Panel members have sufficient training and experience to competently represent clients in Fair Labor Standards Act (FLSA) wage and hour cases that may have been previewed by the U.S. Department of Labor and directed to the MSBA Lawyer Referral Service 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 Department of Labor.

### CRITERIA DOCUMENTATION

#### I. General Practice & Litigation Experience (Required)

- The attorney has represented employees in at least 3 cases asserting claims arising under the Family Medical Leave Act (29 U.S.C. §2601, et. seq.) to resolution in the past 3 years.

	DATE	CASE	DOCKET #
1			
2			
3			

#### II. Employment Law Specific Continuing Education (Required)

- The attorney has attended a CLE course in employment law for at least 3 credits in the past 2 years.

#### COMPLETE BELOW, 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 2 years, providing POA as requested.

### CERTIFICATION OF INFORMATION: FAIR LABOR STANDARDS ACT

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Fair Labor Standards Act**, as set forth above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### SELECT EITHER OR BOTH PANELS

FLSA for Employee

FLSA for Employer

## Medical Malpractice Experience Panel (2 pages)

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

### CRITERIA DOCUMENTATION

**I. Litigation Experience (3 of 4 criteria must be met)**

a. 2 or more cases through medical malpractice screening panel in last 5 years.

	CASE NAME/YEAR	DOCKET #
1		
2		
3		

b. Tried to jury verdict at least 2 med-mal or personal injury cases in the past 5 years.

	CASE NAME/YEAR	DOCKET #
1		
2		

c. Litigating through discovery at least 10 med-mal or personal injury cases in the past 5 years.

	CASE NAME/YEAR	DOCKET #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

d. Served as a panel member on the pre-litigation screening panel.

	CASE NAME/YEAR	DOCKET #
1		
2		

Variance Option: Please check here if you are submitting a request for variance. Attach argument on letterhead, signed and dated.

Name: \_\_\_\_\_  
*Please Print*

## Medical Malpractice Experience Panel (2 pages)

### CERTIFICATION OF INFORMATION: MEDICAL MALPRACTICE

I certify that I meet all requirements for participation in the Lawyer Referral Service's **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 over \$1,000,000.00

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **MEDICAL MALPRACTICE** Select sub-categories below

Against Dentist/Staff

Against Physician/Staff

For Prisoners

Against Hospital/Staff

Against Therapist/Staff

Name: \_\_\_\_\_  
*Please Print*

## Veterans' Benefits Experience Panel

Scope: The Lawyer Referral Service offers membership on its Veterans Benefits 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:

**I. Litigation Experience (3 of 4 criteria must be met)**

- A copy of letter of accreditation from the Department of Veterans Affairs
- A copy of annual certification [38 C.F.R. §14.629(b)(4)], to be updated on each anniversary
- A copy of proof of 3 hours CLE credits per the schedule required by the DVA, updating as per their requirements.

---

### **CERTIFICATION OF INFORMATION: VETERANS' BENEFITS**

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Veterans' Benefits Experience Panel**, as set forth above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**VETERANS' BENEFITS LAW**  
Select sub-categories below

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Veterans' Benefits Appeals | <input type="checkbox"/> Veterans' Benefits Disability Comp. | <input type="checkbox"/> Dependency & Indemnity Comp. |
| <input type="checkbox"/> Veterans' Benefits Claims  | <input type="checkbox"/> Veterans' Benefits Pension          |   |