

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Zip code

**EXPERIENCE STATEMENT - ADOPTIONS**

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 experience qualifications as specified below. ( ITEMIZE ONLY THE MINIMUM NUMBER REQUIRED ).

**ADOPTIONS QUALIFICATIONS**

Has handled at least two (2) direct adoptions, and/or two (2) step-parent adoptions, and/or two (2) agency adoptions.

( You may apply for any or all of the above )

Identification: If matter is on public record, identify court or agency and give file number; if office matter only, give office designation but omit clients name.  
Date: Give month and year the required experience was completed in the matter.

Direct Adoption ( identification and date )

First Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Second Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Step-parent Adoption ( identification and date )

First Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Second Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Adoption ( identification and date )

First Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Second Matter: \_\_\_\_\_ Date: \_\_\_\_\_

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 Adoptions panel under the Rules; and I further declare penalty of perjury that the foregoing is true and correct in all respects.

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Date

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Signature of Applicant