



San Fernando Valley Bar Association

ATTORNEY REFERRAL SERVICE

ADMINISTRATIVE & SOCIAL SECURITY LAW PANEL

Statement of Qualifications

Please check all areas that apply

- ☐ Social Security Disability Insurance (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Unemployment
- ☐ Education of Handicapped
- ☐ Representing Students (discipline, qualifications, etc.)
- ☐ Federal Agencies
- ☐ State Agencies
- ☐ Local Agencies
- ☐ Other (please specify)_____

I. Minimum Education and Experience Qualifications:

To qualify for the Administrative Law Panel Referrals, I attest that within the past three (3) years immediately preceding I have:

Personally performed all legal work and prepared all legal papers in connection with at least three (3) administrative hearings before a hearing panel, city council or board, and at the judicial level, at least two (2) CCP 1094.5 writs, including at least one (1) of which involved a “substantial evidence” or statutorily defined scope of review and at least one (1) which involved an “independent judgment” scope of review.

II. Minimum Library Requirements:

Applicant must have access to annotated codes and case reporters for all relevant authorities.

III. Application for Special Consideration:

In lieu of the above provisions, an attorney may make application to the LRIS Committee, in person or in writing, for consideration of the attorney’s legal education, experience, or special qualifications for participation on the Administrative Law Panel.

I understand that the information contained herein is subject to reasonable verification and I agree to cooperate with the LRIS Committee and its designees in the process of evaluating my qualifications. I declare, under penalty of perjury that I have met the above criteria and requirements, and that I am competent to handle Administrative Law referral matters in the panel subject areas checked above.

Attorney Name_____

Signature_____ Date_____

**San Fernando Valley Bar Association
Attorney Referral Service**
Administrative Law Panel Experience Qualifications Statement

Case No. 1

Client Name: _____

Title of Matter: _____

Docket number or Agency Identification Number: _____

Description of work completed: _____

Conclusion/Verdict: _____

Case No. 2

Client Name: _____

Title of Matter: _____

Docket Number or Agency Identification Number: _____

Description of work completed: _____

Conclusion/Verdict: _____

Case No. 3

Client Name: _____

Title of Matter: _____

Docket Number or Agency Identification Number: _____

Description of work completed: _____

Conclusion/Verdict: _____
