



LABOR/EMPLOYMENT LAW PANEL

STATEMENT OF QUALIFICATIONS

APPLICANT INFORMATION:

NAME:

\_\_\_\_\_

I. MINIMUM QUALIFICATIONS

To qualify for Labor/Employment Law referrals, I have either A, or B, or C and D:

- A. I have within the past five (5) years handled three cases, involving at least two (2) of the following areas: employment discrimination, union organizing/Contracts, wrongful termination, retaliation/whistleblowing, civil service/government employment or ERISA through the discovery process:

Table with 4 columns: Court/Jurisdiction, Case No./Name, Type of Case, Dates of Representation. Rows 1 and 2.

- B. Within the last three (3) years handled at least five (5) wage and hour claims through the hearing, trial or resolution:

Table with 4 columns: Court/Agency, Name/Case No., Type of Case, Dates of Representation. Rows 1 through 5.

- C. Within the last three (3) years handled at least five (5) matters involving the family and medical leave act (federal or state) through resolution:

Table with 3 columns: Name/Case No., Type of Case, Dates of Representation. Rows 1 through 5.

D. **CONTINUING LEGAL EDUCATION REQUIREMENTS**

Within the past three (3) years, applicant must have completed at least eight (8) MCLE study hours relating to Labor/Employment Law, which are approved by the California State Bar Continuing Legal Education as follows:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_ Hours: \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_ Hours: \_\_\_\_\_

**APPLICATION FOR SPECIAL CONSIDERATION**

In lieu of, or in addition to, the above provisions, a panel attorney may submit an application to the Lawyer Referral & Information Service Committee, in person or in writing, for consideration of the attorney's legal education, experience and/or special qualifications for participation on the Labor/Employment Law Panel.

I submit this Statement of Qualifications or other evidence of my eligibility to participate on the Labor/Employment Law Panel of the Orange County Bar Association Lawyer Referral & Information Service. I understand that the information contained herein is subject to reasonable verification and I agree to cooperate with the Lawyer Referral & Information Service Committee and its designees in the process of evaluating my qualifications. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE