



MEDICAL MALPRACTICE PANEL STATEMENT OF QUALIFICATIONS

APPLICANT INFORMATION:

NAME: _____

YEAR OF ADMISSION TO THE STATE BAR: _____

I. MINIMUM QUALIFICATIONS:

Minimum qualifications to receive referrals require that the panel attorney, within the five (5) years immediately preceding, must have:

- A. Prepared for trial, including all discovery, and tried to verdict one (1) medical malpractice case. Two (2) medical malpractice cases must have been tried through the empanelling of a jury, and
- B. Have handled any combination of three (3) medical malpractice cases to mandatory settlement conference or arbitration.

MINIMUM QUALIFICATION INFORMATION:

Court/Jurisdiction	Case No.	Trial Through Verdict (√1)	Trial Through Empanelling of a jury (√2)	MSC, or Arbitration (√3)	Date of Conclusion
1.					
2.					
3.					
4.					
5.					
6.					

CONTINUING LEGAL EDUCATION REQUIREMENTS

Attended at least three (3) hours of seminars in the past year (such as an OCBA, OCTLA, or any other State Bar of California approved provider) in the area of medical malpractice or personal injury which included discussions regarding evaluations of damages, discovery, negotiations, civil procedure, law and motion, or practice tips/tactics.

Title: _____ Date: _____

Sponsored by: _____ Hours: _____

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 make 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 Medical Malpractice Panel.

I submit this Statement of Minimum Qualifications or other evidence of my eligibility to participate on the Personal Injury 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