

Application for Panel Membership

Applicant Information

Full Name: _____
Last *First* *M.I.*

*Principal office address must be in San Diego County and listed with the State Bar of California

Address: _____
Street Address *Suite #*

City *State* *ZIP Code*

Phone: _____ Email _____

CA State Bar #: _____ Date admitted in CA: _____ Admission and ability to practice in other states: _____

Languages spoken: _____

Are you a current member of the San Diego County Bar Association? YES NO If no, are you interested in SDCBA membership? YES NO

Do you have a record of discipline with the CA Bar YES NO If yes, when and nature of discipline (please see attached)

Errors and Omissions Insurance (minimum of \$100,000 each occurrence/\$300,000 aggregate year) YES NO Provider name: _____ Expiration date: _____
 (You are required to make the Lawyer Referral and Information Service of the San Diego County Bar Association a certificate holder on your policy.)

Demographic Information

Law School: _____ Graduation Date: _____

Gender Female Male Date of Birth: _____

Primary Areas of Practice _____

IMMUNITY FROM LIABILITY FOR NEGLIGENT REFERRALS

In order to have immunity from liability, all Lawyer Referral Services in California are required to inform referred clients the nature of any disciplinary action(s) taken against an attorney. LRIS must determine the disciplinary status of all panel members. Also, there is no time limit on the duty to disclose disciplinary actions taken. The requirement is the result of the enactment of Assembly Bill 3335, which amended California Civil Code Section 43.95 and added Section 23734(d) to the California Revenue and Taxation Code.

Declarations:

1. Have you ever been disciplined in this or any other jurisdiction by a state or federal licensing agency when such disciplinary action became a matter of public record?

YES _____ NO _____

NOTE: If your answer is yes, by separate attachment fully disclose the nature of the disciplinary action taken; the name and location of the licensing agency involved; relevant date(s); and the ultimate disposition of the matter.

2. I hereby agree to notify the LRIS, as promptly as reasonably practicable, of any disciplinary action taken against me in the future while I am a panel member of LRIS.

I hereby declare, under penalty of perjury, that the foregoing information including any supplementary information attached is true and correct to the best of my knowledge and belief. I declare under penalty of perjury under the laws of the State of California that the foregoing information and all attachments hereto are true and correct to the best of my knowledge and belief.

(SIGNATURE OF DECLARANT)

(DATE)

Please send the documents referenced above along with a (1) non-refundable LRIS panel fee (\$125 for SDCBA members or \$350.00 for non-SDCBA members) and (2) a non-refundable LRIS application fee of \$50 per panel application to SDBCA/LRIS, 401 West A Street, Suite 1100, San Diego CA 92101. We accept credit cards and checks.

FOR OFFICE USE ONLY

SDCBA Member ____ YES ____ NO

State Bar # _____ State Bar Date _____

Record of Discipline ____ YES ____ NO

Insurance Expiration _____