



Professional Panel Application

1. General Information

Name: _____

Firm: _____

Office Address: _____

City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-Mail: _____ Website: _____

Bar License #: _____ State: _____ Admit Date: _____

Other Jurisdiction State/License #: _____ Admit Date: _____

Other Jurisdiction State/License #: _____ Admit Date: _____

Law School Attended: _____ Graduation Date: _____

Other degrees or licenses: _____

2. General Legal Experience and Skill (please check appropriate categories)

- | | | |
|--|--|--|
| <input type="checkbox"/> Conservatorships | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Prisoners' Rights |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> State Disability | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Private Disability | <input type="checkbox"/> Property/Real Estate |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> COBRA | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> ERISA | <input type="checkbox"/> Long-term care | <input type="checkbox"/> Tobacco Litigation |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Veterans | <input type="checkbox"/> Toxic Torts |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Labor Law | <input type="checkbox"/> Trusts/Wills |
| <input type="checkbox"/> General litigation | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Other: _____ |

3. Geographic Practice Area

Do you practice in specific geographic areas or jurisdictions? Please list:

4. Languages

Do you speak any foreign languages?

Yes (please specify what language(s)) _____

No

Does your firm have personnel who speak foreign languages and/or the capacity to represent clients who speak foreign languages?

Yes (please specify what language(s)) _____

No

5. Other Information

Is there any other information that you would like us to know, will describe your practice, or enable us to match a client's needs with your skills?

6. Potential Conflicts: Does your firm . . .

represent insurance companies? Never Sometimes Often

represent hospitals? Never Sometimes Often

represent employers in discrimination claims? Never Sometimes Often

Do you foresee any other potential conflicts? If yes, please describe:

7. Discipline

Have you ever been suspended from practice or disbarred by the bar in the state in which you practice, or by the bar of any other jurisdiction?

No

Yes (If yes, please attach a detailed description of the disciplinary proceeding(s).)

8. Terms

I certify that I am a member in good standing of the _____ State Bar(s). I possess a valid errors and omissions (malpractice) insurance policy. I agree to notify the Cancer Legal Resource Center if this coverage is cancelled or otherwise ends.

Signed: _____ **Date:** _____