Disability Rights Legal Center
CLRC
Cancer Legal Resource Center

Cancer Legal Resource Center
919 Albany Street
Los Angeles, CA 90015
Phone: 866-THE-CLRC
E-mail: CLRC@LLS.edu

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)

__ Conservatorships
__ Consumer Law
__ Criminal Law
__ Elder Law
__ Employment Discrimination
__ Employee Benefits
__ ERISA
__ Estate Planning
__ Family Law
__ General litigation
__ Immigration

__ Insurance
  __ Health Insurance
  __ Life Insurance
  __ State Disability
  __ Private Disability
  __ COBRA
  __ Long-term care
  __ Veterans
__ Labor Law
__ Landlord/Tenant
__ Medical Malpractice

__ Medicaid
__ Medicare
__ Prisoners' Rights
__ Probate
__ Property/Real Estate
__ Social Security
__ Tobacco Litigation
__ Toxic Torts
__ Trusts/Wills
__ Workers' Compensation
__ 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:** _____