



**“Limited Representation Panel”
Statement of Qualifications**

Date: _____

NAME: _____

ADDRESS: _____

PHONE: _____ STATE BAR #: _____

I. MINIMUM QUALIFICATIONS

A. I have been in practice at least five (5) years.
Admission Year: _____

B. I have had at least three (3) hours of Unbundled/Limited Legal Representation training:

Title: _____ Date: _____

Sponsored by: _____

Title: _____ Date: _____

Sponsored by: _____

Title: _____ Date: _____

Sponsored by: _____

C. Participated in Limited Legal Representation/Unbundled Service with at least three (3) clients (Please include type(s) of services offered, i.e. coaching, ghostwriting and document preparation, court appearances, etc.):

Name of party: _____

Date: _____ Case No.: _____

Type of Service(s) offered: _____

Name of party: _____

Date: _____ Case No.: _____

Type of Service(s) offered: _____

Name of party: _____

Date: _____ Case No.: _____

Type of Service(s) offered: _____

II. ADDITIONAL QUALIFICATIONS

- A. I am willing to accept cases from outside of Contra Costa County.
- B. I am willing to accept cases from out of state.
- C. I am willing to accept the following type of Limited Representation cases:
 - Coaching
 - Document review
 - Document preparation/ghostwriting
 - Court Appearances
 - Negotiations
 - Legal Research
 - Domestic Violence
 - Other _____

III. CERTIFICATIONS

- I certify that I have agreed to follow the rules for the Lawyer Referral and Information Service outlined in:
 - the "Lawyer Referral and Information Service Application & Agreement,"
 - the "Rules of the Lawyer Referral and Information Service,"
 - the "Rules & Regulations of the State Bar ... Pertaining to Lawyer Referral Services." (All of which should have been sent upon joining the Lawyer Referral and Information Service.)
- I certify that I have confirmed coverage for limited representation practice with my errors and omissions insurance carrier.
- I certify that I understand the same LRIS Rules & Regulations, including percentage fees, apply to "Limited Representation LRIS Panel" clients who initially hire me to perform only limited services which may subsequently develop into "full service" representation.

I submit this Statement of Qualifications to participate in the Limited Representation Panel of the Lawyer Referral and Information Service. I understand that the information contained herein is subject to reasonable verification and I agree to cooperate with the Lawyer Referral and 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.

I agree that I will indemnify, defend and hold harmless the Limited Representation Panel and/or the Contra Costa County Bar Association from any adverse claim, award, judgment, or settlement occurring as a result of my advice to or my representation of a client referred by the Panel.

Signature of Applicant

Date

Print Name