

**LAWYER REFERRAL SERVICE  
SAN MATEO COUNTY BAR ASSOCIATION  
333 BRADFORD STREET, SUITE 200  
REDWOOD CITY, CA 94063  
(650) 298-4030**

Application & Qualification Statement for  
**LIMITED SCOPE REPRESENTATION PANEL FOR FAMILY LAW**

Name: \_\_\_\_\_ State Bar# \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Number of continuous active years practiced in California \_\_\_\_\_

**You must have 5-years of experience in family law practice. If your experience is outside California or you do not meet the requirements listed for membership, but believe you have substantial equivalent experience, please state how and why your experience should be considered on a separate sheet of paper and attach it to this application. If you have questions concerning this application or your equivalent experience, please contact the San Mateo County Bar Association Lawyer Referral Office at the address and number listed above.**

**Minimum Qualifications**

A. I have practiced family law at least five (5) years. Admission Year: \_\_\_\_\_

B. I have had at least three (3) hours of Limited Scope Legal Representation training (this can be satisfied by taking an online course):  
[http://www.pli.edu/Content/OnDemand/Expanding\\_Your\\_Practice\\_Using\\_Limited\\_Scope/\\_/N-4nZ1z12uzg?fromsearch=false&ID=153434](http://www.pli.edu/Content/OnDemand/Expanding_Your_Practice_Using_Limited_Scope/_/N-4nZ1z12uzg?fromsearch=false&ID=153434)

Title	Date	Sponsored by
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

C. Participated in Limited Scope Legal Representation with at least three (3) clients (Please include type(s) of services offered, i.e. coaching, ghostwriting and document preparation, court appearances, etc. **Please do not provide confidential case information**):

Nature of case	Date	Type of Service(s) offered
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Additional Qualifications**

I am willing to accept the following type of Limited Scope Representation cases:

- Coaching
- Court Appearances
- Document preparation/ghostwriting
- Document review
- Domestic Violence
- Legal Research
- Negotiations
- Other: \_\_\_\_\_

**Certifications**

I certify that I have agreed to follow the rules for the Lawyer Referral Service outlined in:  
 - the “The Application for LRS Membership,”  
 - the “Rules of the Lawyer Referral Service,”

I certify that I have confirmed coverage for limited scope representation practice with my errors and omissions insurance carrier.

I certify that I understand the same LRS Rules & Regulations, including percentage fees, apply to “Limited Scope Representation LRS 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 Scope 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 Scope Representation Panel and/or the San Mateo 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.

I submit the above information in support of my application for the San Mateo County Lawyer Referral Service Limited Scope Representation Panel and I agree to cooperate with the Service in facilitating reasonable verification of the same. I have read and am familiar with the Rules of the San Mateo County Bar Association Lawyer Referral Service and agree to abide by them.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_, California

on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

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Signature of Applicant

*If you are unable to meet the above experience panel qualifications, you may submit in writing and attach to the Experience Statement, a statement under penalty of perjury of what you believe to be sufficient equivalent experience to qualify you for this panel.*

