

**Santa Clara County Bar Association
Lawyer Referral Service**

Name: _____ Telephone: _____

Office Address: _____
Zip code

EXPERIENCE STATEMENT - ADOPTIONS

Within the last five years I have handled (been personally responsible for the following matters which demonstrates in my judgment that I meet or exceed the minimum experience qualifications as specified below. (ITEMIZE ONLY THE MINIMUM NUMBER REQUIRED).

ADOPTIONS QUALIFICATIONS

Has handled at least two (2) direct adoptions, and/or two (2) step-parent adoptions, and/or two (2) agency adoptions.

(You may apply for any or all of the above)

Identification: If matter is on public record, identify court or agency and give file number; if office matter only, give office designation but omit clients name.
Date: Give month and year the required experience was completed in the matter.

Direct Adoption (identification and date)

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Step-parent Adoption (identification and date)

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

Agency Adoption (identification and date)

First Matter: _____ Date: _____

Second Matter: _____ Date: _____

I submit the above information in support of my application for panel membership in the Lawyer Referral Service; I agree to cooperate with the Service in facilitating reasonable verification thereof and otherwise reviewing my qualifications for the Adoptions panel under the Rules; and I further declare penalty of perjury that the foregoing is true and correct in all respects.

Date

Signature of Applicant