

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Zip code)

**EXPERIENCE STATEMENT - CONSUMER REMEDIES**

Within the last five (5) 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).

**CONSUMER REMEDIES QUALIFICATIONS**

Has handled at least two non-domestic trials (either court or jury) to verdict or judgment, including at least one action involving a consumer problem on behalf of a consumer litigated to judgment. Or can demonstrate to the LRS Committee appropriate substituted experience, education or in at least three (3) cases, other than either matter listed above, including any of the following procedures involving a consumer problem and entered into on behalf on a consumer: a demand letter, a notice of recession, negotiations with the seller or filing a complaint for relief, Or has been in Government service at least one year in duration in an agency which deals with a broad range of consumer problems, as an attorney dealing full time with consumer problems. AND provide a list of (10) consumer protection statutes, their scope and application; including at least three (3) or which you have a substantial working knowledge.

\_\_\_\_\_

Identification: If matter is on public record, identify court or agency and give file number; if office matter only, give office designation but omit client's name.

Date: Give month and year the required experience was completed in the matter.

First Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Second Matter: \_\_\_\_\_ Date: \_\_\_\_\_

If submitting in lieu statement of experience please attach to this statement

First Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Second Matter: \_\_\_\_\_ Date: \_\_\_\_\_

Third Matter: \_\_\_\_\_ Date: \_\_\_\_\_

THESE THREE MATTERS MUST BE IN ADDITION TO THE ABOVE TWO TRIALS.

List (10) consumer protection statutes, their scope and application, including at least three (3) of which you have a substantial working knowledge.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

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7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

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9. \_\_\_\_\_

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10. \_\_\_\_\_

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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 Consumer Remedies panel under the Rules; and I further declare under penalty of perjury that the foregoing is true and correct in all respects.

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Date

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Signature of Applicant