



(OFFICE USE)  
APPLICATION DATE: Oct. TO Sept.

## NEW HAVEN COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE

### CERTIFICATION AND AGREEMENT WORKERS' COMPENSATION PANEL

I hereby certify that I am familiar with the Workers' Compensation Act and have handled at least ten (10) Workers' Compensation cases during the past three years.

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

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Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

**AND**

(Either **A, B or C**)

(A.) I hereby certify that I have tried one formal hearing before the Workers' Compensation Commission.

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

**OR**

(B.) I hereby certify that I have tried one court hearing or jury trial within the past three years.

Case Name \_\_\_\_\_ Case # \_\_\_\_\_ Year \_\_\_\_\_

OVER:

**OR**

(C.) I request waiver of the above requirement labeled "A" and "B", at the discretion of the sub-committee, and hereby certify, and provide proof, that I have completed an advanced course of instruction in trial advocacy.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AND**

I hereby certify that I am familiar with the area of Federal Workers' Compensation.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT:**

I hereby certify that I will attend or conduct no less than two (2) one hour sessions in each calendar year of continuing professional education in the area of Workers' Compensation.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AND**

I understand and agree that of the fees I receive as a result of a matter referred to me through the Lawyer Referral Service Workers' Compensation Experience Panel, 15% of gross fees earned over \$200 will be remitted to the LRS within 30 days of receipt.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(please print or type)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please enclose the \$50 panel fee with the completed application.\***