

Bankruptcy Experience Panel Application

Name: (please print) _____

In order to receive referrals in this area, you must have taken to completion at least five (5) bankruptcy proceedings within the past three (3) years.

Please provide a typed list of cases handled, including case name, party names, year of disposition, brief description of case type and resolution.

Panel Selections: Please indicate below the panels from which you wish to receive referrals.

Business Bankruptcy

Consumer Bankruptcy

I represent creditors debtors

I certify that at least 20% of my practice is in bankruptcy law, and I have disclosed this percentage on my application for malpractice insurance. I practice and am qualified to accept bankruptcy law cases, and I meet the LRIS membership requirements for receiving referrals from LRIS in this area and will maintain compliance with the requirements as long as I accept these referrals.

I certify that I earned nine (9) hours of CLE in bankruptcy law within the past three (3) years.

Date _____ Signature _____