

Employment Law Subject Matter Panel Qualification Form

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Employment Law Subject Matter Panel Qualification Form -- Family and Medical Leave Act (FMLA) and Fair Labor Standards Act (FLSA) cases

As a pilot project, in conjunction with the American Bar Association (ABA), the Department of Labor (DOL), and Lawyer Referral and Information Services around the country, the following special panels are being constituted to handle FMLA and FLSA cases referred by the DOL directly to a toll-free number administered by the ABA. Callers will be referred to the closest ABA-Approved Attorney Lawyer Referral and Information Service. Oregon cases will be referred to the Oregon State Bar's Lawyer Referral Service.

We have developed the following panel criteria in accordance with strict guidelines provided by the DOL. In order to participate, please check one or both of the special panels for which you would like to register and for which you meet the qualifications, and sign below that you agree to the reporting criteria.

Family and Medical Leave Act (FMLA) cases: I certify that –

- I have handled at least (2) FMLA cases through discovery or settlement/final resolution within the past (5) years;
- I have handled at least one (1) trial (bench or jury – civil or criminal) or at least two (2) arbitrations within the past seven (7) years; and,
- I have attended at least five (5) hours of Labor & Employment-related CLEs in my current or most recent compliance period.

Fair Labor Standards Act (FLSA) cases: I certify that –

- I have handled at least (2) FLSA cases through discovery or settlement/final resolution within the past (5) years;
- I have handled at least one (1) trial (bench or jury – civil or criminal) or at least two (2) arbitrations within the past seven (7) years; and,
- I have attended at least five (5) hours of Labor & Employment-related CLEs in my current or most recent compliance period.

Signature and Acknowledgement

I certify that I meet the requirements for the panels marked above and will comply with all Lawyer Referral Service Policies and Procedures. I also agree that I will comply with reporting requirements for cases referred through the DOL-ABA pilot project, including quarterly reporting on the progress of FLMA and/or FLSA cases and final reports on amounts awarded.

Signature _____ Date _____

Print Name _____ Bar # _____