

Interstate/Independent Adoption Subject Matter Panel Qualification Form

Oregon State Bar Referral & Information Services
PO Box 231935, Tigard, OR 97281-1935
Voice: (503) 431-6408 or (800) 452-8260 ext. 408
Fax: (503) 431-6444 or Email: ris@osbar.org

- Yes No
- I have attended at least ten (10) hours of adoption-related CLEs in the previous year.
- I have completed at least three (3) agency or family adoptions.
- I possess strong knowledge of the Interstate Compact for the Placement of Children.
- I possess strong knowledge of Indian Adoption statutes.

In order to receive referrals on the Interstate/Independent Adoption panel (#703) you must have answered "Yes" to all four (4) statements above OR you may petition for qualification based on equivalent education and/or experience. Please submit this form and/or your petition with your Lawyer Referral Service Registration Form.

CLE Requirements

Please list seminars attended that satisfy the above requirements

| Name of Seminar | Date(s) | Sponsor | Credits |
|-----------------|---------|---------|---------|
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Case Requirements

Please list cases that satisfy the above requirements.

For confidentiality reasons, you need not identify the parties, case name, or case numbers.

If necessary, please continue on a separate sheet.

| Court & Name of Judge | Date(s) | Nature of Matter | Responsibility Level |
|-----------------------|---------|------------------|--|
| | | | <input type="checkbox"/> primary/1st Chair <input type="checkbox"/> secondary/2nd Chair <input type="checkbox"/> other |
| | | | <input type="checkbox"/> primary/1st Chair <input type="checkbox"/> secondary/2nd Chair <input type="checkbox"/> other |
| | | | <input type="checkbox"/> primary/1st Chair <input type="checkbox"/> secondary/2nd Chair <input type="checkbox"/> other |
| | | | <input type="checkbox"/> primary/1st Chair <input type="checkbox"/> secondary/2nd Chair <input type="checkbox"/> other |

Signature and Acknowledgement

I certify that all information provided is true and correct to the best of my knowledge.

I understand and agree to comply with all Lawyer Referral Service Policies and Procedures.

Signature _____ Date _____

Print Name _____ Bar # _____