



Immigration Subject Matter Panel Qualification Form

Deportation (including Removal, Exclusion, Rescission)

Oregon State Bar, Lawyer Referral Service, PO Box 231935, Tigard, OR 97281-1935

Voice: (503) 431-6408 or (800) 452-8260 Fax: (503) 598-6946

E-mail: ris@osbar.org

- Yes No
- I have completed at least four (4) hours of immigration-related CLEs in the previous year.
- I have completed at least five (5) non-deportation immigration cases.

In order to receive referrals on the Deportation panel (#1505) you must have answered "Yes" to both statements above OR you may petition for qualification based on equivalent education and/or experience with actual deportation cases (explain qualifications in Case Requirements section below). 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

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
			<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 # _____