

Please keep a copy of this application for your records.



# The Florida Bar Lawyer Referral Service Membership Application

The Florida Bar Lawyer Referral Service  
651 East Jefferson Street • Tallahassee, Florida 32399-2300 • 800/342-8060, extension 5807

Name (  Mr.  Ms.): \_\_\_\_\_ Florida Bar Attorney Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

E-Mail Address (REQUIRED): \_\_\_\_\_

Are there, or have there ever been in this state or elsewhere, any felony convictions, disbarments, suspensions or disciplinary actions against you?

yes  no (If the answer is "YES," please give details on a separate sheet.)

Are you certified by The Florida Bar in any area of law?

yes  no (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Other **current** professional degrees or licenses: \_\_\_\_\_  
\_\_\_\_\_

Other **states** in which you are **currently** admitted to practice: \_\_\_\_\_  
\_\_\_\_\_

Other **countries** in which you are **currently** admitted to practice: \_\_\_\_\_  
\_\_\_\_\_

Other **Florida counties** from which you will handle cases (up to five counties): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you take cases statewide?  yes  no

Will you make jail calls?  yes  no

Do you know sign language?  yes  no

Does anyone on your staff know sign language?  yes  no

Foreign languages spoken by you: \_\_\_\_\_  
\_\_\_\_\_

Foreign languages spoken by your staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am currently competent to practice in the areas of law which I have indicated. Under penalty of perjury, I hereby swear and affirm that I have read and agree to abide by the rules and regulations of The Florida Bar Lawyer Referral Service. Enclosed is my check for **\$125** (made payable to The Florida Bar) for the annual membership fee and a copy of the current face sheet/declarations page of my professional liability insurance policy.

I certify that I currently have professional liability insurance with limits not less than \$100,000 and will continue to carry professional liability insurance with limits not less than \$100,000 as long as I am a member of The Florida Bar Lawyer Referral Service.

I agree to remit to the Service **12%** of any attorneys' fees due me for services performed in connection with any Regular Panel cases (Bankruptcy and Social Security cases are exempt).

I agree to charge no more than **\$25.00** for the initial half-hour office consultation.

I understand that this application is made only on my behalf and not on behalf of my firm or any of my associates. Accordingly, I agree that the initial consultation in connection with any referred matter will be with me personally. I understand that the information contained herein may be furnished to people who seek assistance from the Service, and that the Service in so doing will be relying on the representations which I have made herein.

I agree to abide by all of the rules of the Service and indemnify and hold harmless The Florida Bar and any of its officers, members or employees from any and all claims, demands, actions, liability or loss which may arise from, or be incurred as a result of the operation of the Service or referrals of clients through the Service, or by my failure to comply with any provision of the rules of the Service, or use of information contained in the application.

I understand that the Service may survey clients referred to me and may follow up on reported cases.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail the completed application, your \$125.00 check, and a copy of your current professional liability insurance declarations page to:**

**The Florida Bar Lawyer Referral Service  
651 East Jefferson Street  
Tallahassee, Florida 32399-2300**