



**ORANGE COUNTY BAR ASSOCIATION
LAWYER REFERRAL AND INFORMATION SERVICE
PROUDLY SERVING BREVARD & ORANGE COUNTIES**

MEMBERSHIP APPLICATION

(Last Name) (First Name) (Middle Initial)

(Street Address) (Suite Number) (City/State/Zip)

(Firm Name, if any) (Business Telephone Number)

(Email Address) (Date of Birth (MM/DD))

Provide your Orange or Brevard County office address (if different from above). ***Applicants must have an office in Orange or Brevard County to be eligible to participate in the Service.***

(Street Address) (Suite Number) (City/State/Zip)

(Firm Name, if any) (Business Telephone Number)

Paralegal/Legal Assistant _____
(Name) (Email Address)

(Firm Website)

Are you a member of the Orange County Bar Association? _____ Yes _____ No

What is the primary county in which you practice? _____

List other counties where you practice regularly _____

Date admitted to The Florida Bar _____ Florida Bar # _____

In what other state(s) are you licensed to practice law? _____

Have any ethics complaints been filed against you? _____ Yes _____ No

If so, attach explanation.

Investigating Agency:

Date of Complaint _____ Status of Complaint _____

Have you been the subject of an ethical grievance filed with any disciplinary authority or been personally sanctioned by any court in this or any other jurisdiction in which you are admitted? _____ Yes _____ No
If yes, please specify the state, the name of the grievant, the nature of the grievances and the disposition.
(Attach explanation)

Foreign languages in which you are fluent _____

Have you ever been denied admission to any state bar? _____ Yes _____ No

If yes, please specify when and which state(s) _____

Willing to accept the following payment structures from the client:

____ Flat Fee ____ Contingency ____ Deferred Payment ____ Other, please list below

Willing to provide limited scope representation ____ Yes ____ No

Practice is primarily ____ Transactional ____ Litigation ____ Both. If it depends on the practice area, please explain below.

Willing to accept referrals from inmates ____ Yes ____ No

Please include the following with your application:

____ Proof of your professional liability insurance. This is an eligibility requirement. See Bylaws for minimum coverage limits.

____ Panel Selection- Attach your selected experience applications for **up to four main panels**. You may select an unlimited number of subpanels within your main panel selections. Include supporting documents when requested.

____ Panel Member Agreement

____ Modest Means Panel Selection and Modest Means Panel Member Agreement, if applicable.

____ Annual non-refundable registration fee

____ OCBA/BCBA Member \$125

____ OCBA/BCBA Member applying for Modest Means Panels only- No annual fee

___ Non-member \$250- First year on LRIS *(If you do not join the OCBA/BCBA after your first year, you will be required to pay a \$250 surcharge in order to maintain your active status on the LRIS panel going forward)*

___ Non-member applying for Modest Means Panels only \$125- First year on LRIS *(If you do not join the OCBA/BCBA after your first year, you will be required to pay a \$125 surcharge in order to maintain your active status on the LRIS panel going forward)*

___ Pay online (submit application now, dues invoice will be available through the portal)

Please return signed application, supporting documents and a check payable to the Orange County Bar Association, 880 North Orange Avenue, Orlando, FL 32801, or via email to xiomarai@ocbanet.org

Attention: Xiomara Isanoa
407-422-4551 ext. 295
xiomarai@ocbanet.org

Signature_____

Date_____