

Clerk's Self Help Center
Orange County Bar Association
Attorney Application



Name: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Office Address: _____

Email: _____

Florida Bar number: _____ Date admitted: _____

☐ YES ☐ NO There are/was, or have been in this state or elsewhere, felony conviction(s),
disbarment(s), suspension(s), or disciplinary action(s) against you. (If "YES," give details on a separate
sheet.)

I am fluent in the following foreign languages: _____

I know American Sign Language for the hearing impaired: ☐ Yes ☐ No

I am willing to work: ☐ One day a month ☐ Multiple days a month ☐ Half days

I am willing to work at the following locations: ☐ Downtown ☐ Apopka ☐ Seminole County

I understand that the OCBA will be relying upon the representation made by me in this Application, and I
certify that the information given is true and accurate. I will promptly report any changes of
circumstances which may materially affect the accuracy of the information provided on this Application.

☐ I have enclosed the signed Agreement for Attorney Contract Services and a current resume.

☐ I have enclosed a copy of the Declaration Page for my current professional liability insurance
policy.

☐ I am a member of the Orange County Bar Association (membership is required).

Signature: _____ Date: _____

Tax ID Number: _____