



**ORANGE COUNTY BAR ASSOCIATION  
LAWYER REFERRAL AND INFORMATION SERVICE  
MEMBERSHIP APPLICATION  
2019-2020**

1. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)
2. \_\_\_\_\_  
(Street Address) (Suite Number) (City/State/Zip)
3. \_\_\_\_\_  
(Firm Name, if any) (Business Telephone Number)
4. \_\_\_\_\_  
(Email Address) (Date of Birth (MM/DD))
5. Provide your Orange County office address (if different from above).  
***Applicants must have an office in Orange County to be eligible to participate in the Service.***
- \_\_\_\_\_
- (Street Address) (Suite Number) (City/State/Zip)
- \_\_\_\_\_
- (Firm Name, if any) (Business Telephone Number)
- \_\_\_\_\_
- (Email Address)
6. Paralegal/Legal Assistant \_\_\_\_\_  
(Name) (Email Address)
7. Are you a member of the Orange County Bar Association? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. What is the primary county in which you practice? \_\_\_\_\_
- List other counties where you practice regularly \_\_\_\_\_
9. Date admitted to The Florida Bar \_\_\_\_\_ Florida Bar # \_\_\_\_\_
10. In what other state(s) are you licensed to practice law? \_\_\_\_\_
11. Admitted to the Federal Bar? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Have any ethics complaints been filed against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If so, attach explanation.

\_\_\_\_\_

Investigating Agency:

\_\_\_\_\_

Date of Complaint \_\_\_\_\_ Status of Complaint \_\_\_\_\_

13. 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)
14. Engaged in private practice in Florida since \_\_\_\_\_
15. Engaged in private practice since \_\_\_\_\_  
List all states \_\_\_\_\_
16. Foreign languages in which you are fluent \_\_\_\_\_
17. Have you ever been denied admission to any state bar? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify when and which state(s) \_\_\_\_\_

**Please include the following with your application:**

- Proof of your professional liability insurance in the minimum amount of \$100,000. This is an eligibility requirement.
- 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.
- Modest Means Panel Selection and Modest Means Panel Member Agreement, if applicable.
- Annual non-refundable registration fee

OCBA Member \$125

OCBA Member and applying for Bankruptcy Panel \$150

*(If you sign up as a member and fail to renew your OCBA membership status in June, you will be required to pay a \$500 surcharge in order to maintain your active status on the LRIS panel)*

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

Non-member applying for Modest Means Panels only \$500

Non-member \$625 (The fee represents the cost of OCBA membership, including the pro bono services requirement and LRIS membership)

Non-member and applying for Bankruptcy Panel \$650 (The fee represents the cost of OCBA membership, including pro bono services requirement and LRIS membership)

**Please return signed application, supporting documents and a check payable to the Orange County Bar Association, 880 North Orange Avenue, Orlando, FL 32801.**

**Attention: Candice Maull**

**407-422-4551 ext. 226**

**candiced@ocbanet.org**

Signature \_\_\_\_\_

Date \_\_\_\_\_