



**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) _____

18. Willing to accept the following payment structures from the client:

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

19. Willing to provide limited scope representation ___ Yes ___ No

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 _____