

COURT APPOINTED ATTORNEY APPLICATION - PROBATE

Instructions: This application must be filled out in its entirety if you wish to be considered for appointment as a Court Appointed Attorney for the Seventeenth Judicial Circuit. Please print legibly or type. A copy of your Florida Bar Card, current malpractice binder, and supporting documentation must also be included with the original and all copies of the application.

You must return the original with one (1) copy and supporting documentation in one (1) envelope addressed to:

Chief Judge Jack Tuter
c/o Trial Court Administrator's Office of General Counsel
Broward County Courthouse
201 S.E. Sixth Street, Suite 20170
Fort Lauderdale, Florida 33301

NAME: _____ FLORIDA BAR NO. _____

Principle Business Address: _____

Business Address (in Broward County, Florida to meet with clients if not Principle Business Address):

Business Phone: _____ (must be a Broward County area code or 800 number)

Business Fax: _____ Cell Phone: _____

E-MAIL ADDRESS: _____
(An email address is required)

Please check all the following mandatory qualifications that apply:

- I am a member in good standing with the Florida Bar.
- I have familiarized myself with the Administrative Order(s) relating to the Court Appointed Attorneys in the Seventeenth Judicial Circuit located on the website, www.17th.flcourts.org.
- I have completed at least 10 hours of Guardianship, Mental Health, or Elder Law topic CLE in the last 12 months. You must attach proof of completion of your CLE courses printout from The Florida Bar.
- I am familiar with and experienced in the utilization of expert witnesses and evidence, including but not limited to psychiatric and forensic evidence.
- I have reviewed and understand the agreement for attorney services documents on the JAC website at www.JusticeAdmin.org and agree to comply with the JAC's requirements for billing.
- I have reviewed and understand the fee structure for Court Appointed Attorneys as set forth in § 27.5304, Fla. Stat.
- I will not solicit compensation from the respondent or family member or other clients on cases for which I serve as Court Appointed Counsel.

I presently have legal malpractice insurance with _____
The present policy number is _____

* Attach a copy of your most recent Declaration Page, which states that your policy is in full force and effect.

I certify that the information contained herein is true and correct.

Signature of Applicant

Date Signed