



Clerk's Low Bono Center
Tallahassee Bar Association
Attorney Application

Name: _____

Phone: _____ Email: _____

Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Office Address: _____

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 understand that the Tallahassee Bar Association 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.

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

I am a member of the Tallahassee Bar Association (membership is required).

Signature: _____ Date: _____