

APPLICATION TO RECEIVE COURT APPOINTED CASES REGARDING MENTAL HEALTH PROCEEDINGS, EXTRAORDINARY GUARDIANSHIP ISSUES AND OTHER MATTERS

Instructions: Please complete all sections of the application. Please print legibly or type. You must submit an original and three (3) copies in an envelope marked “committee” **and** eight (8) copies in a second envelope marked “pre-screen.” A copy of your Florida Bar Card must also be included with the original and all copies of the application the application must be completed and returned together with all copies to Anders Madsen, Director of Probate, Administrative Office of the Court, 9th Floor, 73 West Flagler Street, Miami, Florida 33130.

NAME:

POST OFFICE ADDRESS:

MIAMI OFFICE ADDRESS:

LOCAL TELEPHONE NUMBER:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

LANGUAGES SPOKEN:

I AM A MEMBER IN GOOD STANDING WITH THE FLORIDA BAR: YES ___ NO ___

HAVE YOU BEEN REPRIMANDED BY THE FLORIDA BAR. ___ YES ___ NO IF YES, PLEASE EXPLAIN:

I HAVE COMPLETED AT LEAST 8 HOURS OF CLE IN THE AREAS OF GUARDIANSHIP, MENTAL HEALTH, OR ELDER LAW IN THE LAST TWELVE MONTHS. PLEASE LIST THEM . ADDITIONALLY, EFFECTIVE JANUARY 1, 2007, AN ATTORNEY SEEKING TO BE APPOINTED BY A COURT FOR INCAPACITY AND GUARDIANSHIP PROCEEDINGS MUST HAVE COMPLETED A MINIMUM OF 8 HOURS OF EDUCATION IN GUARDIANSHIP. SECTION 744.331(2)(d), F.S.

FURTHER, PLEASE INCLUDE SPEAKING PRESENTATIONS AND TUTORIAL OR TEACHING PRESENTATIONS OR ANY SCHOLARLY ARTICLES IN THESE AREAS.

COURSE NAME	DATE	LOCATION	HOURS	GUARDIANSHIP HOURS
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THERE ARE TWO REGISTRIES (WHEELS), REGARDING THESE PROCEEDINGS. TO BE PLACED ON A REGISTRY, THE ATTORNEY IS APPLYING FOR, AND MUST BE APPROVED FOR, ALL PROCEEDINGS WITHIN THAT REGISTRY.

PLEASE PLACE A CHECK ON THE BLANK LINE FOR THE REGISTRY/REGESTRIES BEING APPLIED FOR.
APS & GUARDIANSHIP MATTERS REGISTRY (WHEEL)

____ I AM SEEKING APPOINTMENT AS COURT APPOINTED COUNSEL IN THE FOLLOWING FIVE (5) CATEGORIES:

- ADULT PROTECTIVE SERVICES PROCEEDINGS PURSUANT TO CHAPTER 415, FLA. STAT.
- EMERGENCY TEMPORARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- INCAPACITY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- RESTORATION PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- COUNSEL AS REQUIRED FOR EXTRAORDINARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.

DEVELOPMENTALLY DISABLED, MENTAL HEALTH & MARCHMAN MATTERS REGISTRY (WHEEL) (special training required)

____ I AM SEEKING APPOINTMENT AS COURT APPOINTED COUNSEL IN THE FOLLOWING THREE (3) CATEGORIES:

- DEVELOPMENTALLY DISABLED PROCEEDINGS PURSUANT TO 393, FLA. STAT.
 - MARCHMAN ACT PROCEEDINGS PURSUANT TO CHAPTER 397, FLA. STAT.
 - COURT APPOINTED CONFLICT COUNSEL IN BAKER ACT, PURSUANT TO CHAPTER 394, FLA. STAT.
- ATTORNEYS ON THIS REGISTRY MUST BE AVAILABLE TO ACCEPT APPOINTMENTS OVER A SPECIFIED TIME FRAME, USUALLY EITHER ONE OR TWO WEEKS.

PLEASE STATE YOUR TRIAL COURT OR APPELLATE EXPERIENCE IN ALL TYPES OF PRECEEDING IN THE REGISTRY (WHEEL) MARKED ABOVE, FOR THE LAST YEAR:

(IF THERE IS INSUFFICIENT SPACE, PLEASE ATTACH A SEPARATE SHEET)

NAME OF AIP / RESPONDENT / WARD CASE NO TYPE OF CASE DATE OF PROCEEDINGS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I CURRENTLY RECEIVE APPOINTMENTS IN THE FOLLOWING CATEGORIES OF PROCEEDINGS:
(PLEASE CHECK ALL CATEGORIES IN WHICH YOU PRESENTLY RECEIVE APPOINTMENTS)

- ADULT PROTECTIVE SERVICES PROCEEDINGS PURSUANT TO CHAPTER 415, FLA. STAT.
- EMERGENCY TEMPORARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- INCAPACITY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- RESTORATION PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- COUNSEL AS REQUIRED FOR EXTRAORDINARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- DEVELOPMENTALLY DISABLED PROCEEDINGS PURSUANT TO 393, FLA. STAT.
- MARCHMAN ACT PROCEEDINGS PURSUANT TO CHAPTER 397, FLA. STAT.
- COURT APPOINTED CONFLICT COUNSEL IN BAKER ACT PROCEEDINGS PURSUANT TO CHAPTER 394, FLA. STAT.

I PRESENTLY HAVE LEGAL MALPRACTICE INSURANCE WITH: _____

THE PRESENT POLICY NUMBER IS: _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THE ANSWERS PROVIDED ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT _____

PRINTED NAME

DATE SIGNED _____

OFFICIAL USE ONLY - THE APPLICANT IS NOT TO WRITE BELOW THIS LINE

THE ABOVE CANDIDATE IS APPROVED TO RECEIVE APPOINTMENTS IN THE FOLLOWING AREAS:

YES _____ NO _____ APS & GUARDIANSHIP MATTERS REGISTRY (WHEEL)

- ADULT PROTECTIVE SERVICES PROCEEDINGS PURSUANT TO CHAPTER 415, FLA. STAT.
- EMERGENCY TEMPORARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- INCAPACITY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- RESTORATION PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.
- COUNSEL AS REQUIRED FOR EXTRAORDINARY PROCEEDINGS PURSUANT TO CHAPTER 744, FLA. STAT.

YES _____ NO _____ DEVELOPMENTALLY DISABLED, MENTAL HEALTH & MARCHMAN MATTERS REGISTRY (WHEEL)

- DEVELOPMENTALLY DISABLED PROCEEDINGS PURSUANT TO 393, FLA. STAT.
- MARCHMAN ACT PROCEEDINGS PURSUANT TO CHAPTER 397, FLA. STAT.
- COURT APPOINTED CONFLICT COUNSEL IN BAKER ACTS PURSUANT TO CHAPTER 394, FLA. STAT.

**PROBATE AND GUARDIANSHIP
SCREENING REVIEW COMMITTEE**

BY: _____

DATE: _____