

**SEVENTH JUDICIAL CIRCUIT
LOCAL PROFESSIONALISM PANEL REFERRAL FORM**

Attorney Name:

Address:

City, State, Zip:

Telephone:

E-mail:

The referral is the result of the following conduct:

Abusive

Offensive Personality

Appearance of Impropriety

Rude, discourteous disruptive, disrespectful

Bullying or badgering

Unprofessional conduct

Disorganized or unprepared

Uncivil, unruly

Fair play, dilatory tactics

Used profanity/obscene gestures

Honesty, integrity, candor

Other

Please describe the specific conduct that is the subject of the referral (you may attach up to 15 additional pages as necessary):

Please identify any witnesses to the incident or conduct:

Have you filed a complaint against this attorney with the Florida Bar involving the same incident or conduct?

Yes No

Signature of Complainant

Name of Complainant:

Address of Complainant:

City, State, Zip:

Phone Number of Complainant:

Email of Complainant:

Date:

Upon completion, please email this form and any attachments to lpp@circuit7.org.