

**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 (mark all that apply):

Abusive

Offensive Personality

Appearance of Impropriety

Rude, discourteous, disruptive, disrespectful

Bullying or badgering

Uncivil, unruly

Disorganized or unprepared

Used profanity/obscene gestures

Unfair play, dilatory tactics

Other

Lack of honesty, integrity, candor

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, including their names, addresses, telephone numbers, and e-mail addresses:

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

Yes No

Your signature will serve as confirmation that all information disclosed during the Panel process is confidential and shall not be disclosed to anyone except other Panel members, the referring party, the respondent attorney, and, if necessary, The Florida Bar.

Signature of Complainant

Name of Complainant:

Address of Complainant:

City, State, Zip:

Phone Number of Complainant:

Email of Complainant:

Date:

Upon completion, please e-mail this form and any attachments to lpp@circuit7.org.

Updated: 6/2026