

REFERRAL FORM
TO THE LOCAL PROFESSIONALISM PANEL
OF THE TWENTIETH JUDICIAL CIRCUIT

1. **Referring Attorney, Judge, or Other Person:**

Your Name: _____

Bar Number: [if applicable] _____

Your Address: _____

Telephone No.: _____

e-mail: _____

2. **Attorney Being Referred:**

Name of Attorney: _____

Bar Number: [if known] _____

Address: _____

Telephone No.: _____

e-mail: _____

NOTE THIS IS NOT A DISCIPLINARY PROCEEDING

3. **Alleged Noncompliance** (check one):

____ Twentieth Judicial Circuit's Standards of Professional Courtesy and Conduct for Lawyers.
Standards involved: _____

____ The Florida Bar's Professionalism Expectations.
Expectation Involved: _____

____ Other: _____

Briefly describe the facts and circumstances of the alleged conduct which does not, in your opinion, comply with the above Standards or Expectations. Use the back of this form or attach additional pages if necessary. Please try to be brief and non-judgmental. Please list and attach any papers requiring consideration or needed for clarification of the allegations discussed. Please state the specific provision(s) involved. Please note that referrals are confidential pursuant to In re: Code for Resolving Professionalism Referrals and Amendments to Rule Regulating the Florida Bar 6-10.3, 367 So. 3d 1184 (Fla. 2023).

Signed: _____

Date: _____