



**Guardianship Application**  
**Fifteenth Judicial Circuit**  
**Court Appointed Attorney Registry**  
**2021**

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**NEW APPLICANT INSTRUCTIONS**

Dear Attorney:

Thank you for your interest in applying for the Fifteenth Judicial Circuit Conflict Attorney Registry, which is comprised of several category-specific Court Appointed Attorney Registries (collectively and individually referred to as the “Registry”). Please be aware that there are three phases to the application process:

- Review and approval of the application by the Chief Judge or his or her designee(s);
- Entering into a contract with the Justice Administrative Commission; and
- Being placed on the Court Appointed Registry which is maintained and administered by the Palm Beach County Clerk and Comptroller’s Office.

Due to the administrative time used in the management of the Registry, applications are typically only accepted from May 1 – May 15. **THERE WILL BE NO EXTENSIONS.** Please be aware that changes to Registry categories may only be made during that application period. Further, if you are removed from the Registry during the year, you will NOT be able to seek reinstatement until the next application period. Please read all information below before completing and submitting your application.

A. **MINIMUM REQUIREMENTS**

1. In order to be included on the Registry you must, at minimum:
  - a. Be a member in good standing with the Florida Bar;
  - b. Have been a member of the Florida Bar for at least five years;
  - c. Meet the necessary CLE and case experience requirements for each Registry you are applying for;
  - d. Have an office in Palm Beach County;
  - e. Agree to provide the Court with certain information on an ongoing basis;
  - f. Submit a completed application and obtain approval from Court Administration; and
  - g. Complete a contract with the Justice Administrative Commission (“JAC”).

These requirements are discussed in further detail below.

## B. APPLICATION INFORMATION

1. As part of a completed application, you must submit:
  - a. A completed Court Appointed Attorney Application (Part I).
  - b. A completed Court Appointed Attorney General Registry Supplement (Part II) along with any supporting documentation.
  - c. A completed Attorney Certification Form (Part III).
  - d. A completed Requested Registry Categories section (Part IV) along with a copy of a Florida Bar print-out showing that you have completed the required CLE courses and documentation proving that you have the required case experience (such as print-outs from the Clerk's Office, judgments, commitments, etc.) for each category you are requesting to be placed on. The CLE and case experience requirements for each Registry are listed on the Requested Registry Category Information Page. **Your application will not be considered without this documentation.**
2. By submitting your application, you are certifying that you have read and are familiar with the Policies and Procedures for Appointment of Counsel found in Administrative Orders 2.603 and 2.604, which can be found on the Circuit's website at [www.15thcircuit.com](http://www.15thcircuit.com), as well as sections 27.40, 27.425, 27.5304, and 27.5305, Florida Statutes.
3. Processing of the application may take up to 8 weeks.
  - a. The application is reviewed by a committee and approved by the Chief Judge or his or her designee(s).
  - b. Once the application is reviewed and approved by the Chief Judge or his or her designee(s), you will receive a letter from Court Administration which will either list the Registries and locations approved or will list the deficiencies which must be remedied in order for the application review process to continue. Failure to remedy the deficiencies will result in the application being rejected.
  - c. Once approved, you must sign a contract with the JAC.

## C. APPOINTMENT INFORMATION

1. Conflict case appointments are randomly chosen by a computerized program maintained by the Clerk's office and placement on Registry does not guarantee appointments.
2. Court Administration makes no representations as to the number of cases in which you may be appointed. The number of available cases (i.e. those in which the Office of Public Defender and/or the Office of Criminal Conflict and Civil Regional Counsel cannot provide representation) and the number of attorneys included on the Registry for each category will impact the frequency of appointments.
3. Your failure to accept appointments for any reason (e.g. rejection of the case, unavailability etc.) may result in you being removed from the Registry. If you are removed from the Registry, you will have to file a new application to be reinstated.

D. **REQUIRED NOTIFICATION INFORMATION**

1. You must immediately (within twenty-four hours) notify Court Administration if there is any change in your status with the Florida Bar (e.g. your license becomes inactive).
2. You must notify Court Administration if you become the subject of any disciplinary action instituted by the Florida Bar or have a legal malpractice case filed against you within seven days of the filing of the complaint, order, or other charging document.
3. You must immediately (within twenty-four hours) notify Court Administration if you become the subject of a criminal investigation or have criminal charges against filed against you.
4. Failure to comply with these notification provisions may result in your immediate removal from the Registry.

E. **JAC CONTRACT INFORMATION**

After being approved by Court Administration, you must sign a contract with the Justice Administrative Commission (“JAC”) no later than (30) days from the date of approval. The JAC is the entity which pays the court appointed attorney's fees and costs. JAC contracts can be found at: [www.justiceadmin.org](http://www.justiceadmin.org). If you do not sign the JAC contract within the time frame listed above, you will not be added to the Registry.

F. **CONTACT INFORMATION**

1. You must maintain a valid email address and must provide notice to Court Administration, to the Clerk, and to the JAC upon any change to your address, email address or telephone number.
2. Failure to comply with the terms of the JAC contract or to notify Court Administration, the Clerk, and the JAC of any changes to your contact information may result in your removal from the Registry.
3. All attorneys on the Registry agree to accept correspondence through email.

G. **SUBMISSION OF APPLICATION**

Parts I through IV of the Court Appointed Attorney Application are to be **emailed only** no later than May 15, 2021 to:

**CAD-AttorneyWheel-2@pbcgov.org**

This inbox is for Guardianship and Mental Health Conflict Attorneys



**2021**  
**Fifteenth Judicial Circuit**  
**Court Appointed Attorney Application**

**PART I**

(You must fill out and return all applicable application pages)

FULL NAME: \_\_\_\_\_

FLORIDA BAR NUMBER & YEAR ADMITTED: \_\_\_\_\_

OTHER STATES IN WHICH ADMITTED TO PRACTICE LAW: \_\_\_\_\_

PRIMARY OFFICE ADDRESS (as listed with The Florida Bar): \_\_\_\_\_

\_\_\_\_\_

PALM BEACH COUNTY OFFICE ADDRESS (if different): \_\_\_\_\_

I agree to meet with 15th Judicial Circuit Court Appointed clients at my Palm Beach County Office and will not require the client to travel outside Palm Beach County (circle one):

       YES        NO

I agree to meet with 15th Judicial Circuit Court appointed clients at a residential care facility (for guardianship cases) and to accept phone calls from the clients (circle one):

       YES        NO

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FACSIMILE NUMBER: \_\_\_\_\_

**I CERTIFY THAT I HAVE READ AND AGREE TO THE TERMS SET FORTH IN THE THREE (3) PAGE INSTRUCTION SHEET AND ON THIS INFORMATION SHEET. FAILURE TO COMPLY MAY RESULT IN MY REMOVAL FROM THE REGISTRY.**

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**Date**



## PART II

### 2021 Fifteenth Judicial Circuit Court Appointed Attorney General Registry Supplement

1. In the last 10 years, has any trial or appellate court found that you rendered ineffective assistance of counsel through a Florida Rule of Criminal Rule 3.850, Florida Rule of Criminal Procedure 3.851, or other equivalent state or federal hearing?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If YES, list all cases, including style of case, judge, and opposing counsel. Also, for each instance, please provide any explanation or circumstance you deem necessary or important to consider in further review of your application.

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2. In the last 10 years, have you been the subject of any disciplinary proceedings initiated by the Florida Bar or the Bar of any other jurisdiction?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If YES, list all proceedings and the outcome. Also, for each instance, please provide any explanation or circumstance you deem necessary or important to consider in further review of your application.

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3. In the last 10 years, has any trial court replaced you with another attorney after conducting a hearing pursuant to *Nelson v. State*, 274 So. 2d 256 (Fla. 4th DCA 1973) or other equivalent state or federal hearing?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If YES, list all cases, including style of case, judge, and opposing counsel. Also, for each instance, please

provide any explanation or circumstance you deem necessary or important to consider in further review of your application.

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<hr/> <b>Signature of Attorney</b>	<hr/> <b>Date</b>
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**PART III**  
**2021**  
**Fifteenth Judicial Circuit**  
**Court Appointed Attorney Registry**

**ATTORNEY CERTIFICATION**

NAME: \_\_\_\_\_ FBN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

In accordance with section 27.40(3)(a), Florida Statutes, to be included on a Fifteenth Judicial Circuit Court Appointed Attorney Registry, I hereby certify:

1. I meet any minimum requirements established by the Chief Judge and by general law for court appointment; and
2. I am available to represent indigent defendants in cases requiring court appointment of private counsel; and
3. I am willing to abide by the terms of the Justice Administrative Commission Contract for Services; and
4. I further certify to the best of my knowledge and belief, all statements contained in my Court Appointed Attorney Application and herein are true, correct, complete, and made in good faith. I understand any omissions, falsifications, misstatements or misrepresentations above may disqualify me for consideration. If I am accepted for installation on any Fifteenth Judicial Circuit Registry and enter into a contract with the Justice Administrative Commission I understand any omissions, falsifications, misstatements or misrepresentations later discovered to have been made by me herein may be grounds for dismissal. I am required to adhere to the contract, to any applicable policies and administrative orders of the Fifteenth Judicial Circuit, and any policies and procedures of the Justice Administrative Commission ([www.JusticeAdmin.org](http://www.JusticeAdmin.org)).
5. I agree to meet with 15th Judicial Circuit Court appointed clients at my Palm Beach County office. For appointed clients who are incarcerated, I agree to meet with them at the corrections facility. For appointed clients who are at a residential care facility, I agree to meet with them at the facility. I further agree to accept phone calls from court appointed clients.
6. I agree to provide 30 days written notice via email to **CAD-AttorneyWheel-2@pbcgov.org** if I wish to be removed from a Registry. I agree that once removed from the Registry, I must file a new application to be reinstated.
7. I agree to provide written notice via email to **CAD-AttorneyWheel-2@pbcgov.org** within twenty-four hours if my status with the Florida Bar changes. I agree to provide notice to the same email if I become the subject of any disciplinary action instituted by the Florida Bar or have a legal malpractice case filed against me within seven days of the filing of the complaint, order or other charging document. I also

agree to provide immediate (within twenty-four hours) notice via the same email address if I become the subject of a criminal investigation or have criminal charges filed against me. I understand that my failure to comply with these notification provisions may result in my immediate removal from the Registry.

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**SIGNATURE OF APPLICANT**

**DATE**





## PART IV - REQUESTED REGISTRY CATEGORIES

### PLEASE READ CAREFULLY

**SHADED AREA:** Place a check mark or an X in the shaded area at the top of the page next to the name of the category of cases for which you are applying. Each category is on a separate page. Some categories have multiple categories. **If placed on the Registry for a category, you can receive an appointment in any one of the types of cases listed for that category.**

**LOCATIONS:** Place a check mark or an X next to each courthouse location where you agree to receive appointments.

**CASE CODES:** You will also see case codes corresponding to the categories. The case codes are required by the Justice Administrative Commission.

**INFORMATION PAGE:** Complete the information page by placing your initials next to each affirmation and by providing the requested case information. If you cannot affirm the statement, you will not meet the minimum qualifications for the Registry. Only submit the information pages for the Registry category you seek appointments.

## GUARDIANSHIP/INCAPACITY

Attorneys on this Registry are appointed to cases where the alleged incapacitated ward is not indigent. Fees are not paid by the Justice Administrative Commission ("JAC").

By accepting non indigent appointments, attorneys on this wheel agree to accept cases for alleged incapacitated INDIGENT wards when the Office of Criminal Conflict and Civil Regional Counsel has a conflict and, in these cases, agree to the JAC's fee schedule.

Attorneys on this Registry **MUST** also sign a contract with the JAC.

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Guardianship/Incapacity- Ch. 744, F.S.	860
Guardianship/Incapacity - Emergency Ch. 744, F.S.	865
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
At least 40 percent of my practice is guardianship and mental health	
I have completed at least <b>8 hours of CLE</b> in Guardianship, Elder Law, Incapacity, or Adult Protective Services cases <b>within the 12 months preceding the date of this application. (provide printout)</b>	
I have participated in five Guardianship/Mental Health cases as attorney of record or co-counsel for the guardian/petitioner <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 3 of these cases were within the past 3 years</li> <li><input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial</li> </ul>	
<p style="text-align: center;"><b>I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):</b></p> <p style="text-align: center;"> <input type="checkbox"/> West Palm Beach      <input type="checkbox"/> Delray Beach         </p> <p style="text-align: center;"> <input type="checkbox"/> Palm Beach Gardens      <input type="checkbox"/> Belle Glade         </p>	



**OTHER ADULT CIVIL**

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Adult Protective Services – Ch. 415, F.S.	853
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
At least 40 percent of my practice is guardianship or elder law.	
I have completed at least <b>8 hours of CLE</b> in Guardianship, Elder Law, Incapacity or Adult Protective Services cases <b>within the 12 months preceding the date of this application. (provide printout.)</b>	
<p>I have participated in five Elder Law cases as attorney of record or co-counsel for the guardian/petitioner</p> <p><input type="checkbox"/> At least 3 of these cases were within the past 3 years</p> <p><input type="checkbox"/> Attach list of cases, or supporting documents with the following information:</p> <p>Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial</p>	

**I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):**

West Palm Beach       Delray Beach  
 Palm Beach Gardens       Belle Glade

**BAKER ACT**

CATEGORY	CASE CODE
<b>Baker Act/Mental Health- Ch. 394, F.S.</b>	<b>840</b>
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
I have completed at least <b>4 hours of CLE</b> in Mental Health/Baker Act Proceedings <b>within the 12 months preceding the date of this application.</b> (provide printout.)	
I have participated in three Baker Act cases as attorney of record or co-counsel: <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 2 of these cases were within the past 4 years</li> <li><input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial</li> </ul>	

**I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):**

West Palm Beach       Delray Beach

Palm Beach Gardens       Belle Glade

**MARCHMAN ACT**

CATEGORY	CASE CODE
<b>Marchman Act/Substance Abuse- Ch. 397, F.S.</b>	<b>851</b>
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	
I have completed at least <b>4 hours of CLE</b> in Substance Abuse/Marchman Act Proceedings <b>within the 12 months preceding the date of this application.</b> <b>(provide printout.)</b>	
I have participated in three Marchman Act cases as attorney of record or co-counsel: <input type="checkbox"/> At least 2 of these cases were within the past 4 years <input type="checkbox"/> Attach list of cases, or supporting documents with the following information: Case name, case number, approximate date of trial, name of opposing counsel, name of judge, name of any co-counsel and the role that counsel played in the trial	

**I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):**

West Palm Beach       Delray Beach  
 Palm Beach Gardens       Belle Glade

**OTHER ADULT CIVIL HEALTH**

INCLUDES THE FOLLOWING CATEGORIES	CASE CODE
Tuberculosis Control, Ch. 392, F.S.	867
SUPPORTING QUESTIONS	PLACE INITIALS AFFIRMING TO STATEMENT
I am a member in good standing with the Florida Bar.	
My primary office where I meet clients is located in Palm Beach County	
I have been a member of the Florida Bar for at least 3 years.	

**I agree to accept appointments and make appearances at the following courthouse locations (failure to check off locations will default to all locations):**

West Palm Beach       Delray Beach  
 Palm Beach Gardens       Belle Glade