

Application for Consideration for Receivership

Full Name:

First Name

Middle Name

Last Name

Business Name:

Profession:

Accountant

Property Manager

Attorney

Other _____

State(s) of Licensure:

Attorney Bar Number, If Applicable: _____ Year of Admission: _____

Address:

| | |
|-----------------------|------------------|
| Street Address | |
| Street Address Line 2 | |
| City | State / Province |
| Postal / Zip Code | Country |

E-mail: _____

Mobile: _____

Telephone: _____

Facsimile: _____

Business Web Address: _____

Type of Receivership:

Subspecialty:

Fraud

Trusts & Estates

Reorganization

Family Law

Liquidation

Insurance

Hourly rate(s): _____

Attach Resume or CV, and Brochure, if applicable.

Not Including your own, Names of Accounting Firms with which you have Worked in Previous Receiverships. If None, Leave Blank.

Not Including your own, Names of Law Firms with which you have Worked in Previous Receiverships.

Demographic Information:

Optional

Sex:

Female

Male

Race/ Ethnicity:

American Indian/ Native American

White/ Caucasian (Non-Hispanic)

African American/ Black

Disabled

Asian

LGBT

Hispanic/ Latino

Other _____

References:

Case Numbers and Presiding Judges for Last Five Receivership Appointments:

For Receivers with fewer than Five Prior Appointments, Names of Professionals who have Agreed to Mentor:

Other Experience Relevant to Receiverships:

Certifications:

Please initial beside each certification in the space provided.

I Hereby State Under Penalty of Perjury that:

- I have filed Income Tax Returns for the three preceding tax years.
- I owe no delinquent taxes to any taxing authority.
- I have never been convicted of a felony.
- I am not addicted to any drug, narcotic or alcohol.
- There are no outstanding money judgments against me.
- I am not individually named in any pending lawsuit.
- I will promptly alert the Eleventh Judicial Circuit of any circumstances that cause any of these certifications to change.
- I have not been disciplined by the Florida Bar or any Licensing or Regulatory Authority.
- If you did not Certify any of the Above, Please Explain:

If necessary, attach additional pages for explanation.

Signature: _____ Date: _____