CONFIDENTIAL

VOLUNTEER/MONITOR INFORMATION

(Chemical Dependency)

NAME: CIRCUIT:

OFFICE ADDRESS:
OFFICE PHONE:

HOME ADDRESS:
HOME PHONE:
E-MAIL:

WHERE TO CONTACT/SEND MAIL OFFICE [ ] HOME [ ]

SOBRIETY/CLEAN DATE:

I GO TO AA/NA/CA/ETC. 1 2 3 4 5 6 7 /WEEK
1 2 3 4 /MONTH

PRINCIPAL DRUG OF CHOICE:
2nd DRUG OF CHOICE:

I AM NOW:

ADMITTED AND PRACTICING (JURISDICTIONS)	[ ] _____
ADMITTED AND RETIRED	[ ]
SUSPENDED OR DISBARRED	[ ]
LAW STUDENT	[ ]
OTHER:	

ARE YOU WILLING TO ACT AS AN FLA MONITOR? YES [ ] NO [ ]

If accepted by FLA as monitor, I agree to monitor performance under the FLA Contract and report performance **or non-performance** accordingly. I am giving FLA the following information in strict confidence so that FLA may exercise its discretion in appointing monitors appropriate to the particulars of a given situation.

In the past I have been involved with:

[ ] Denial and/or delay processing application for admission to the Florida Bar.
[ ] A disciplinary matter resulting in a finding of probable cause and/or sanctions.
[ ] Probationary status of any kind.

Details:_____
_____

You may fax or mail or email this form to FLA at: 2601 E. Oakland Park Blvd., Suite 203, Ft. Lauderdale, FL 33306; Fax: 954-568-0803; Email: mail@fla-lap.org