

CONFIDENTIAL

VOLUNTEER/MONITOR INFORMATION

(Depression/Stress)

NAME:

CIRCUIT:

OFFICE ADDRESS:

OFFICE PHONE:

HOME ADDRESS:

HOME PHONE:

E-MAIL:

WHERE TO CONTACT/SEND MAIL OFFICE HOME

I HAVE BEEN TREATED FOR:

DEPRESSION STRESS

ANXIETY OTHER _____

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