

FIFTH JUDICIAL CIRCUIT PROFESSIONALISM PANEL COMPLAINT REFERRAL FORM

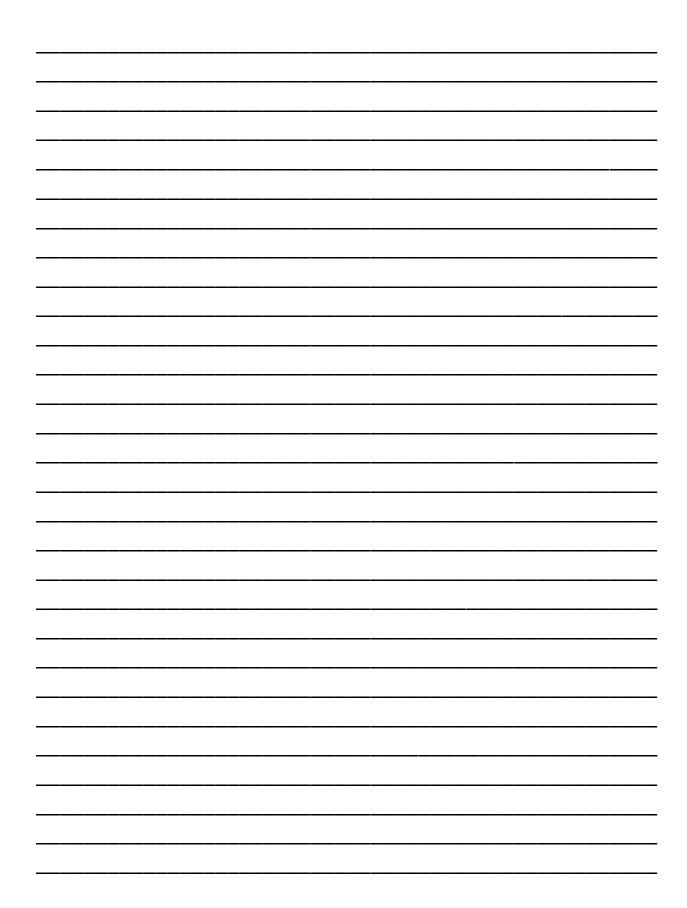
Please submit the completed form, together with any supporting documents to Jeffery K. Fuller, Esq.
Interim General Counsel

Hand Delivery	U.S. Mail	E-mail		
550 W. Main St Tavares, Florida 32778	P.O. Box 7800 Tavares, Florida 32778	jfuller@circuit5.org		

Your name: _____

Address: _____

	Telephone number:								
	Name of lawyer about whom complaint is made:								
	Lawyer's Address:								
	Telephone number:								
	COMPLAINT								
c	Complaints cannot be made against a law firm. You must name individual lawyer or lawyers. Please describe your connection to the lawyer. Then please state in no more than two pages what the lawyer did or failed to do that you think was unprofessional. You may also attach copies of any documents that would help explain or support your complaint. The complaining party may be asked to swear to the veracity of the facts alleged in the complaint as a prerequisite to the panel proceeding.								
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			Signature of Co	omplainant
			5.	
			Date:	