



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  
Reorganization  
Liquidation


Trusts & Estates  
Family Law  
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.

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

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Demographic Information:  
*Optional*

Sex:

Female

Race/Ethnicity:

American Indian/ Native American

African American/ Black

Asian

Hispanic/ Latino

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Male

White/ Caucasian (Non-Hispanic)

Disabled

LGBT

Other \_\_\_\_\_

References:

Case Numbers and Presiding Judges for Last Five Receivership Appointments:

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

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Other Experience Relevant to Receiverships:

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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:

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*If necessary, attach additional pages for explanation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_