

Please keep a copy of this application for your records.

The Florida Bar Lawyer Referral Service Membership Application

The Florida Bar Lawyer Referral Service • 651 East Jefferson Street • Tallahassee, Florida 32399-2300
800/342-8060, extension 5807, 5718 or 5810

Name (Mr. Ms.): Robert W Bauer Florida Bar Attorney Number: 11058
Firm Name: Law Office of Robert W Bauer, P.A.
Office Mailing Address: 2815 NW 13th Street Suite 200E
City/State/Zip: Gainesville, FL 32609 Phone: 352) 375-5960
E-Mail Address: rwb@bauerlegal.com

FOR DADE COUNTY ATTORNEYS ONLY Please indicate the area of Dade County in which your office is located. (North Miami, South Miami, North Miami Beach, Miami Beach, Downtown, Hialeah, Coral Gables, Homestead, Perrine, Kendall, Cutler Ridge, etc.):

North Miami

Are there, or have there ever been in this state or elsewhere, any felony convictions, disbarments, suspensions or disciplinary actions against you?

yes no (If the answer is "YES," please give details on a separate sheet.)

Are you certified by The Florida Bar in any area of law?

yes no (Please specify): _____

Other current professional degrees or licenses: _____

Other states in which you are currently admitted to practice: _____

Other countries in which you are currently admitted to practice: _____

Other Florida counties from which you will handle cases:

Alachua, Columbia, Gilchrist, Levy, Dixie, Union, Bradford, Baker, Putnam, Marion, Citrus, Sumter, Madison, and Hamilton

Will you take cases statewide? yes no

Will you make jail calls? yes no

Do you know sign language? yes no

Does anyone on your staff know sign language? yes no

Foreign languages spoken by you: no

Foreign languages spoken by your staff: _____

I certify that I am currently competent to practice in the areas of law which I have indicated. Under penalty of perjury, I hereby swear and affirm that I have read and agree to abide by the rules and regulations of The Florida Bar Lawyer Referral Service. Enclosed is my check for \$125 (made payable to The Florida Bar) for the annual membership fee and a copy of the current face sheet/declarations page of my professional liability insurance policy.

I certify that I currently have professional liability insurance with limits not less than \$100,000 and will continue to carry professional liability insurance with limits not less than \$100,000 as long as I am a member of The Florida Bar Lawyer Referral Service.

I agree to remit to the Service 12% of any attorneys' fees due me for services performed in connection with any Regular Panel cases (Bankruptcy and Social Security cases are exempt).

I agree to charge no more than \$25.00 for the initial half-hour office consultation.

I understand that this application is made only on my behalf and not on behalf of my firm or any of my associates. Accordingly, I agree that the initial consultation in connection with any referred matter will be with me personally. I understand that the information contained herein may be furnished to people who seek assistance from the Service, and that the Service in so doing will be relying on the representations which I have made herein.

I agree to abide by all of the rules of the Service and indemnify and hold harmless The Florida Bar and any of its officers, members or employees from any and all claims, demands, actions, liability or loss which may arise from, or be incurred as a result of the operation of the Service or referrals of clients through the Service, or by my failure to comply with any provision of the rules of the Service, or use of information contained in the application.

I understand that the Service may survey clients referred to me and may follow up on reported cases.

Signature: [Signature]

Date: 05/22/08

Please mail the completed application, your \$125.00 check, and a copy of your current professional liability insurance declarations page to:

The Florida Bar Lawyer Referral Service
651 East Jefferson Street
Tallahassee, Florida 32399-2300

CATEGORIES OF LAW

Please indicate below each area of law for which you request referrals and in which you are currently competent, experienced and trained to practice (please limit it to no more than 56 areas of law):

	OPTIONAL PANELS		
	Regular Panel	Low Fee	Elderly
ADMINISTRATIVE/GOVERNMENT			
Administrative (01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Children and Families Legal Matters (AFDC, Foster Care, Child Abuse, Welfare, etc.) (02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing (03)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare/Medicaid (04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military/Veteran's Benefits (05)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Law/Education (06)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security (07)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability (98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation - Federal (08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation - State (09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Compensation (99)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS			
Anti-Trust (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy - Corporate (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business (Contracts, etc.) (13)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collections (14)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Litigation (15)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copyrights/Trademarks (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franchise Law (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patents (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Securities (19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSTITUTIONAL LAW/INDIVIDUAL RIGHTS			
First Amendment Issues (20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baker Act (22)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Rights - General (25)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Age Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Racial/Ethnic Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gender Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other civil rights areas:

Americans With Disabilities Act (ADA) (26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
False Arrest/Police Brutality (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment (28)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment (29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSUMER			
Consumer Collections (31)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer (General - Contracts, Warranties, etc.) (32)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking Law (33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Credit/Repossessions/Garnishment (34)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Law (36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemon Law (37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Bankruptcy (38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL			
DUI (41)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felony (42)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence (43)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile - Criminal (44)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misdemeanor (46)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Infractions/License Suspensions (48)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parole/Probation (49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY LAW			
Family Law - General (50)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption (51)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Custody/Visitation (53)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support (54)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissolution/Separation/Annulment (55)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship (56)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile - Miscellaneous (57)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name Change (58)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternity (59)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OPTIONAL PANELS		
	Regular Panel	Low Fee	Elderly
REAL PROPERTY			
Condominium Law (61)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eminent Domain/Condemnation (62)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner's Association (63)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord/Tenant (64)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify either landlord or tenant:			
Mobile Home Law (65)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Foreclosure (66)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate (General - Purchase/Sale of Property, Contracts, etc.) (67)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning/Land Use (69)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TORTS (REFERRALS ON REGULAR PANEL ONLY)

Dental Malpractice (70)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud (71)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Malpractice (72)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libel and Slander (73)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Malpractice (74)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Malpractice (75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify types of other malpractice:

PI - Defense (76)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PI - Plaintiff (77)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products Liability (78)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Damage (79)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Accidents (80)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WILLS/PROBATE

Wills (81)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship (83)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Trusts (84)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Will (85)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probate (86)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Wills (87)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusts/Estates/Estate Planning (88)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

Admiralty (101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeals - Civil (102)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeals - Criminal (103)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture (104)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Law (105)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Law (106)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Law (107)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customs (108)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment and Sports Law (109)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Law (110)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Practice (111)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Law (112)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Law (113)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Law (114)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Law (115)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify either employee or employer:

Pension Law (116)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property (97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxation (118)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Law (119)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I will provide a FREE consultation in the following areas of law:

Other categories not covered above: _____

Areas of special interest/expertise: _____

THE LAW OFFICES OF
ROBERT W. BAUER, P.A.
 2815 NW 13th Street, Suite 200, Gainesville, FL 32609
 www.bauerlegal.com

Robert W. Bauer, Esq.
 Tanya M. Uhl, Esq.

Phone: (352)375.5960
 Fax: (352)337.2518

TO: Nicole
CC:
FAX NUMBER: 850-561-5818
FROM: Robert W. Bauer, Esquire
DATE: 06-06-08
RE: Insurance Information
NO. PAGES/COVER SHEET: 3 ~~12~~

11058
 nm
 6/9/08

Nicole,

I have received my insurance information from the insurance company for myself and Mr. Bauer. Please add me to the Florida Bar Referral Service and update Mr. Bauer. Thank you so much for your time.

Sincerely,

Tanya M. Uhl, Esq.

IF YOU DO NOT RECEIVE ALL PAGES OR IF THERE ARE ANY PROBLEMS, PLEASE CALL AT THE NUMBER LISTED ABOVE

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE. THANK YOU.



Continental Casualty Company
CNA PLAZA
CHICAGO, ILLINOIS 60685

LAWYERS PROFESSIONAL LIABILITY

REVISED ATTORNEY SCHEDULE

Policy Number: 287092907

Endorsement Effective Date: 5/19/2008

Name of Each Lawyer

Robert W. Bauer

Tanya M. Uhl

ATTYSCHED

Page 1



Continental Casualty Company
CNA PLAZA
CHICAGO, ILLINOIS 60685

LAWYERS PROFESSIONAL LIABILITY POLICY

NAMED INDIVIDUAL RETROACTIVE DATE ENDORSEMENT

It is understood and agreed that no coverage is afforded under this Policy for any claims by reason of an act or omission in the rendering of legal services by Tanya M. Uhl that occurred prior to 05/19/2008. Nor is coverage afforded under this Policy for any claims by reason of related acts or omissions to such acts or omissions that occurred prior to the above specified date.

All other provisions of this Policy remain unchanged.

POLICY NO.287092907

THIS ENDORSEMENT FORMS A PART OF THE ABOVE REFERENCED POLICY, AND TAKES EFFECT ON THE EFFECTIVE DATE AND HOUR OF SAID POLICY UNLESS ANOTHER EFFECTIVE DATE IS SHOWN BELOW, AND EXPIRES CONCURRENTLY WITH SAID POLICY.

ISSUED TO: THE LAW OFFICE OF ROBERT W. BAUER, EFFECTIVE DATE
P.A.

OF THIS ENDORSEMENT 05/19/2008

Complete only when this Endorsement is not prepared with the Policy or is not to be effective with the Policy
Countersigned by _____ AUTHORIZED REPRESENTATIVE



Continental Casualty Company
333 S. Wabash Ave.
Chicago, IL 60604
(800) 221-8201

LAWYERS PROFESSIONAL LIABILITY

**POLICY CHANGES
ENDORSEMENT**

It is understood and agreed that the policy is amended as follows:

Premium Adjustment: The following applies:

Additional Premium: in the amount of	\$ 0.00
Total Surcharges:	\$ 0.00
Total Taxes:	\$ 0.00
Total Additional Amount:	\$ 0.00

Added attorney Tanya M. Uhl effective 05/19/2008.

All other provisions of this Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below

By Authorized Representative

(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)



Take a Minute, Go Pro.

FACSIMILE TRANSMITTAL SHEET

To:	Mr. Bauer	From:	Jill Cowans
Company:		Phone Number:	985-871-1894
Fax Number:	352-337-2518	Fax Number:	985-898-1761
No. Pages including cover sheet:	4	Time:	Thursday, June 05, 2008 02:48PM
Re: New Attorney Endorsement			

Notes/Comments:

Gilsbar Specialty Insurance Services, LLC, A member of the Gilsbar Group of Companies

P.O. Box 998 • Covington, LA 70434 • Telephone: 985-892-3520 • Fax: 985-898-1761

Toll Free: 1-800-906-9654 • Fax: 1-888-647-7445 • www.gilsbarpro.com

By authority of 47 U.S.C. 227, as per 2005 amendment, the intended recipient of this fax may, at no cost and at any time of day or night of the week, request the sender of this fax not to send any future unsolicited advertisements to the fax numbers(s) listed above by calling 1-800-445-7227 and then pressing 0, by faxing to Gilsbar's fax number listed above, or by e-mailing optout@gilsbar.com. Failure of sender to comply, within the shortest reasonable time with such a request shall be unlawful. In order for your fax numbers to be removed: (i) your request must identify your telephone or fax numbers(s) to which your request relates; (ii) your request must be made to the telephone or fax number of the sender, or by any other method of communication to be determined by the FCC; and (iii) you have not subsequent to such request, provided express invitation or permission to the sender, in writing or otherwise to send such advertisement to such person at such telephone fax machine.

CONFIDENTIALITY NOTICE: This fax transmission and any accompanying documents is solely for the use of the intended recipient and may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosures, copying, distribution, or action taken or omitted in reliance on it is strictly prohibited. If you received this information in error, please notify the sender immediately and shred the original transmission. Thank you.