

# FLORIDA BAR ETHICS OPINION REQUEST FORM

Name: \_\_\_\_\_ Florida Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Concise Summary of Relevant Facts:

List your ethical concerns and the specific question(s) presented:

List relevant ethics rules or opinions:

List relevant case law:

Yes \_\_\_ No \_\_\_ Is there a past or pending bar complaint related to this matter?

Yes \_\_\_ No \_\_\_ Is the matter pending before any court or tribunal?

Yes \_\_\_ No \_\_\_ Has an informal oral ethics opinion been issued relating to this matter? If yes, on what date and by whom? \_\_\_\_\_

What was the substance of the opinion?

Please attach any pertinent documentation or additional information.

I HEREBY STATE that the above request is true and relates to my own future conduct.

\_\_\_\_\_  
Signature and Date

Send Request To: Ethics Department, The Florida Bar, 651 E. Jefferson Street, Tallahassee, Florida 32399-2300  
Please allow three to five weeks for a written response.