

## Consent to be Assigned to Judicial Service

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To the Chief Justice and Justices of the Supreme Court of Florida:

I HEREBY CONSENT to be assigned, temporarily, to judicial service in the courts of Florida where I am qualified to serve.

THE FOLLOWING INFORMATION is submitted to you in connection with this consent and as a basis for making such assignments as from time to time shall be expedient:

- A. I served on the 11th Judicial Circuit, Dade County Circuit Court as an active member thereof from 1976 to 1979, a period of 3 years, 8 months and 0 days.  
Name of Circuit or County
- B. I retired from service on September 4, 1979, and am presently a resident of 5401 S.W. 92 Street, Coral Gables, Florida 33156, Dade County, Florida.
- C. My retirement compensation, if any, is \$ None.
- D. I am not engaged in the practice of law, directly or indirectly. See letter attached hereto.
- E. I am not engaged in any business activity or partisan politics that would interfere with the proper performance of judicial duties under the Code of Judicial Ethics.
- F. If assigned to judicial service, I will promptly dispose of all matters and perform all duties assigned to me.
- G. I am able to perform effectively such judicial duties as will be assigned to me.
- H. I am familiar with the method of determining extra compensation for such services and will maintain and submit to the Office of the State Courts Administrator accurate records of all time served.
- I. I will file both with the Secretary of State and with the Florida Judicial Qualifications Commission all financial disclosure statements and reports required of full-time judicial officers.
- J. I understand that payment for temporary judicial service is subject to the Federal Hospital Insurance Tax (HI), commonly known as Medicare, at the rate of 1.45% through June 30, 1991. Effective July 1, 1991, the Omnibus Budget Reconciliation Act of 1990 provides that such payment shall be subject to both the 1.45% HI tax and the 6.2% Old Age, Survivors and Disability Insurance Tax (full Social Security and Medicare coverage). Both taxes will be matched by the State of Florida.
- K. I have not been defeated in seeking reelection to, or failed to be retained in seeking retention in, my last judicial office.

IT IS UNDERSTOOD that I may withdraw this consent at any time. In such event, my name will be stricken from the assignment roster until a new application is filed and accepted by you.

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

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

5401 S.W. 92 Street

Coral Gables, Florida 33156

Date: September 14, 1998

Residence Phone: \_\_\_\_\_

(305) 663-3374