

RFP RESPONSE
City of Fort Lauderdale
Criminal Defense Attorney Services
RFP # 12212-995

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I. EXECUTIVE SUMMARY / EXPERIENCE AND QUALIFICATIONS

The McLawrence Law Firm, P.A. (hereafter referred to as "McLawrence"), an S Corporation, located in downtown Fort Lauderdale, is pleased to submit its application to The City of Fort Lauderdale (hereafter referred to as "City") for criminal defense attorney services. As the current criminal defense attorney for the City, McLawrence will continue providing the recognized exemplary criminal defense and social-therapeutic centered representation that far exceeds the requirements requested in the City's RFP.

Licensed in 2003, attorney Frantz J. McLawrence as the president of McLawrence has presided as first chair in close to eight thousand cases – beginning in 2003 as a Broward County Public Defender, then in 2006 as a private defense attorney, and in 2015 as the City's ordinance defense attorney. Attorney McLawrence has taken between 50 to 60 cases to trial before juries, and all totaled, Attorney McLawrence has been representing the indigent accused for the last sixteen (16) years. Currently, McLawrence also provides indigent ordinance criminal defense representation for the County of Broward, and the cities of Oakland Park, Sunrise and Plantation. Broward first appearance Court is held every day of the year (including weekends and holidays) and McLawrence is present at every single hearing. McLawrence arrives at the jail every morning at, or around 8 a.m., and represents Clients before the first appearance judge and in the regular division courtrooms when necessary. By meeting and representing Clients at the first appearance court, McLawrence is able to save the City and County thousands of dollars that would otherwise be spent housing these defendants accused of committing low level, non-violent offenses.

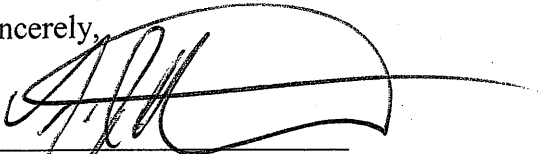
McLawrence recognizes that the position of municipal ordinance defense attorney requires the traditional representation envisioned in the criminal courts, as well as a more social work oriented approach in order to assist defendants, and ultimately the City, in succeeding past homelessness. In that vein, well before the inaugural opening of the Community Court (in January of 2019), McLawrence engaged several homeless providers seeking services and placement for many defendants. As a result, with the help of some of these providers, McLawrence has been successful in reuniting municipal ordinance defendants with family members within and outside Florida, and in finding services and placement for others.

Currently, McLawrence represents approximately seventy municipal ordinance clients, and, manages another five private cases, per month. With the help of a secretary to set court dates and send contact letters to Clients, McLawrence has attended every court appearance and successfully managed every case. In order to continue providing the high level of representation, especially now that the Community Court has come online, McLawrence intends to employ the services of other qualified lawyers on a part-time, or coverage, basis so as to provide McLawrence with additional time to track down and obtain more resources to help

alleviate the City's homeless situation. McLawrence has always maintained, and certifies that it still maintains, the City's required insurances for representation as the City's ordinance defense attorney.

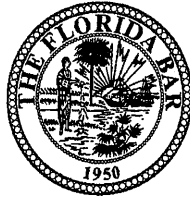
McLawrence is excited to continue providing the very best in criminal defense and social work oriented assistance that will aid to reduce the City's homeless population while at the same time continue to insulate the City from liability stemming from inadequate defense representation.

Sincerely,

A handwritten signature in black ink, appearing to read 'F. J. McLawrence', written over a horizontal line.

Frantz J. McLawrence
President, The McLawrence Law Firm, P.A.

II. FLORIDA BAR PROOF OF GOOD STANDING



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.FLORIDABAR.org

State of Florida)

County of Leon)

In Re: 0624527

F. Jahra McLawrence
The McLawrence Law Firm
633 South Federal Highway, Suite 200-B
Fort Lauderdale, FL 33301

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **February 20, 2003**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 22nd day of **January, 2019**.

Cynthia B. Jackson, CFO
Administration Division
The Florida Bar

PG:R10
CTM-33047



III. PROOF OF FIRST CHAIR DEFENSE EXPERIENCE

| | | |
|---|--------------------------------------|---|
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 17th Judicial Circuit in and for Broward County </div> <div style="border: 1px solid black; padding: 2px; text-align: center; width: 150px;">CLOCK IN</div> </div> | | |
| DIVISION: Criminal | FELONY ORDER OF ACQUITTAL | |
| THE STATE OF FLORIDA VS. <u>Andrea Hernandez</u> DEFENDANT | | CASE NUMBER <u>06-23255CF10</u> |
| <div style="display: flex; justify-content: space-between;"> <div> SHERIFF'S NO: <u>LH 06-1716</u> </div> <div> STATE ATTORNEY: <u>G. Novo</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> DEFENSE ATTY: <u>J. McLawrence</u> </div> <div> COURT REPORTER: <u>A. Cuthill</u> </div> </div> <div style="margin-top: 20px;"> CHARGE(S) <div style="margin-left: 20px;"> <u>1 - Robbery (Strongarm)</u> <u>2 - Resisting w/o Violence</u> </div> </div> | | |
| <p>THE DEFENDANT HAVING THIS DATE <u>NOV 27 2007</u>, BEEN ACQUITTED BY <input checked="" type="checkbox"/> JURY [] COURT, THE DEFENDANT IS THEREFORE ADJUDGED TO BE NOT GUILTY BY THE COURT, AND IT IS,</p> <p>ORDERED AND ADJUDGED THAT THE DEFENDANT BE RELEASED FROM CUSTODY AS TO THIS CAUSE AND THE APPEARANCE BOND HERETOFORE POSTED, IF ANY, IS HEREBY DISCHARGED.</p> <p>DONE AND ORDERED IN OPEN COURT AT BROWARD COUNTY, FLORIDA, THIS <u>27</u> DAY OF <u>November</u> 20<u>07</u>.</p> <div style="text-align: right; margin-top: 20px;"> JUDGE </div> | | |

[] 17th Judicial Circuit in and for Broward County

CLOCK IN

DIVISION:
Criminal

**FELONY ORDER
OF ACQUITTAL**

THE STATE OF FLORIDA VS.

Andrew Alexander DEFENDANT

CASE NUMBER

10-20932 RF10

SHERIFF'S NO: LH 10001241

STATE ATTORNEY: H. El Roshdy

DEFENSE ATTY: J. Mc Lawrence

COURT REPORTER: V. Lima

CHARGE(S) D-II Lewd & Lasc

THE DEFENDANT HAVING THIS DATE OCT 03 2012, BEEN
ACQUITTED BY ☒ JURY [] COURT, THE DEFENDANT IS THEREFORE ADJUDGED TO BE
NOT GUILTY BY THE COURT, AND IT IS,

ORDERED AND ADJUDGED THAT THE DEFENDANT BE RELEASED FROM CUSTODY
AS TO THIS CAUSE AND THE APPEARANCE BOND HERETOFORE POSTED, IF ANY, IS
HEREBY DISCHARGED.

DONE AND ORDERED IN OPEN COURT AT BROWARD COUNTY, FLORIDA, THIS
DAY OF OCT 03 2012.


JUDGE

CAM 19-0348
Exhibit 4
9 of 42

☐ 17th Judicial Circuit in and for Broward County
☐ In the County Court in and for Broward County

CLOCK IN

DIVISION:
☐ Criminal
☐ Traffic
☐ Other

RECORD OF TRIAL PROCEEDINGS

Filed in Open Court
Howard C. Ferriss, Clerk
On JAN 6 2015
By *[Signature]*

THE STATE OF FLORIDA VS.

CASE NUMBER

PLAINTIFF

Gabriela Beato

DEFENDANT

14-9984mm10A

CHARGES

1- Battery

JUDGE

Katherine McHugh

ARREST NO./S

DATE/S

JAN 6 2015 & JAN 8 2015

This case was called for Trial by Jury/Court. The Defendant was/was not present in open Court
with/without counsel, *F.J. McLaurance* Esq.

The Prosecution was represented by *Krystle Edwards* Esq.

Court Reporter, *CES* was also present.

The following Jurors were duly selected and Sworn, to-wit:

2602 Lisa Machado

2226 Ramiro Tapia

2086 Joy Tarrer

174 Stuart Nesbitt

2607 Carol Wahler

349 Christy Dimaggio

ALT. *2005 Hector Yazquez*

ALT. _____

IN THE COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,
IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO: 14-9984MM10A

JUDGE: KATHLEEN MCHUGH

STATE OF FLORIDA,

Plaintiff,

vs.

GABRIELA BEATO,

Defendant.

VERDICT

Filed in Open Court

Howard C. Forman, Clerk

On JAN 8 2015

By *[Signature]*

COUNT I

WE, THE JURY, find as follows as to the Defendant in this
case: (Check only one)

- ☐ A. The Defendant is Guilty of Battery (Domestic), as
charged in the Information.
- ☒ B. The Defendant is Not Guilty.

SO SAY WE ALL, this 8th day of January, A.D. 2015, at
Fort Lauderdale, Broward County, Florida.

[Signature]
FOREPERSON

Christy Dimaggio

| | | | |
|---|--|--|--|
| <input type="checkbox"/> 17th Judicial Circuit in and for Broward County <input checked="" type="checkbox"/> In the County Court in and for Broward County | | CLOCK IN Filed in Open Court, CLERK OF THE CIRCUIT COURT ON <u>8-21-18</u> BY <u>YJ</u> | |
| DIVISION: <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Traffic <input type="checkbox"/> Other | RECORD OF TRIAL PROCEEDINGS | | |
| THE STATE OF FLORIDA VS. | | CASE NUMBER | |
| PLAINTIFF <u>Kilpatrick, Ivan</u> | | DEFENDANT <u>16004303mclDA</u> | |
| CHARGES <u>Resisting w/o</u> | | JUDGE <u>Christopher Pole</u> | |
| <u>Violence</u> | | ARREST NO./S <u>N/A</u> | |
| DATE/S <u>8-21-18</u> | | This case was called for Trial by <u>Jury</u> Court. The Defendant <u>was</u> was not present in open Court | |
| with/without counsel, <u>Jahra McLawrence</u> Esq. | | City | |
| The Prosecution was represented by <u>Don Londeree / Dina Kaizen</u> Esq | | Court Reporter, <u>CRS</u> was also present. | |
| The following Jurors were duly selected and Sworn, to-wit: | | | |
| <u>Carroll, Regina</u> | | | |
| <u>Smalley, Charles</u> | | | |
| <u>Gonzalez, Jannet</u> | | | |
| <u>Cox, Raymond</u> | | | |
| <u>Stennett, Omar</u> | | | |
| <u>Barbara, Joseph</u> | | | |
| ALT. <u>Osburn, Tommi Lynn</u> | ALT. _____ | | |

IN THE COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,

IN AND FOR BROWARD COUNTY, FLORIDA

CASE NO 16004383MO10A

JUDGE CHRISTOPHER POLE

CITY OF FORT LAUDERDALE,

Plaintiff,

vs.

VERDICT

IVAN KILPATRICK,

Defendant

Filed in Open Court,
CLERK OF THE CIRCUIT COURT

ON

BY

COUNT 1

WE, THE JURY, find as follows as to the Defendant in this
case (Check only one)

 A The Defendant is Guilty of RESISTING WITHOUT
VIOLENCE, as charged in the Information.

✓ B The Defendant is Not Guilty

SO SAY WE ALL, this 22nd day of August, A.D. 2016, at
Fort Lauderdale, Broward County, Florida.

Rogina C Carroll
FOREPERSON NAME

Rogina C Carroll
FOREPERSON SIGNATURE

IV. PROPOSED SUBSTITUTE ATTORNEYS



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.FLORIDABAR.org

State of Florida)

County of Leon)

In Re: 0148768
Daniel Arthur Callahan
Daniel A. Callahan, P.A.
1132 SE 3rd Ave
Fort Lauderdale, FL 33316-1110

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **September 29, 1998**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 30th day of **January, 2019**.

Cynthia B. Jackson, CFO
Administration Division
The Florida Bar

PG:R10
CTM-33702



Submitted 5/29/14 (2 copies) original kept

COURT APPOINTED ATTORNEY APPLICATION - CRIMINAL

Instructions: This application must be filled out in its entirety if you wish to be considered for appointment as a Court Appointed Attorney for the Seventeenth Judicial Circuit. Please print legibly or type. A copy of your Florida Bar Card and supporting documents must also be included with the original and all copies of the application.

You must return the original with one (1) copy and supporting documentation in one (1) envelope addressed to:

Chief Judge Peter M. Weinstein
c/o Trial Court Administrator's Office of General Counsel
Broward County Courthouse
201 S.E. Sixth Street, Room 880A
Fort Lauderdale, Florida 33301

NAME: DANIEL A. CALLAHAN FLORIDA BAR NO. 0148768

Principle Business Address: 233 N. Federal Highway
Suite 59 Davie Beach FL 33004

Business Address (in Broward County, Florida to meet with clients if not Principle Business Address):
2450 Hollywood Blvd. Ste 208
Hollywood, FL 33020

Business Phone: 954 524-2877 (must be a Broward County area code or 800 number)

Business Fax: 954 241-6881 Cell Phone: 954-559-9670

E-MAIL ADDRESS: Callahanslaw@gmail.com
(An email address is required)

Please check all the following mandatory qualifications that apply:

- ☒ I am a member in good standing with the Florida Bar.
- ☒ I have familiarized myself with the Administrative Order(s) relating to the Court Appointed Attorneys in the Seventeenth Judicial Circuit located on the website, www.17th.flcourts.org.
- ☒ I have completed the required number of CLE hours within the past 12 months. You must attach proof of completion of your CLE courses printout from The Florida Bar.
- ☒ I have met the Seventeenth Circuit's requirement on Criminal practice percentage.
- ☒ I am familiar with and experienced in the utilization of expert witnesses and evidence, including but not limited to psychiatric and forensic evidence.
- ☒ I have reviewed and understand the agreement for attorney services documents on the JAC website at www.JusticeAdmin.org and agree to comply with the JAC's requirements for billing.

- ☒ I have reviewed and understand the fee structure for Court Appointed Attorneys as set forth in § 27.5304, Fla. Stat.
- ☒ I will not solicit compensation from the defendant or family member or other clients on cases for which I serve as Court Appointed Counsel.
- ☒ I will notify the Chief Judge of any formal complaint filed by The Florida Bar against me and any non-confidential consent agreements entered into between me and The Florida Bar.

CRIMINAL DIVISION CASES:

Please check all case types for which you are seeking appointment.

- ☐ Capital - 1st Degree Murder (Lead Counsel)
- ☐ Capital - 1st Degree Murder (Co-Counsel)
- ☒ Capital Sexual Battery
- ☐ Capital Appeals
- ☒ Felony - 1st Degree/ Life
- ☒ Felony - 2nd Degree
- ☒ Felony - 3rd Degree
- ☒ Appeals (Felony and Misdemeanor and Jimmy Rice)
- ☐ Jimmy Ryce
- ☒ Misdemeanor and Criminal Traffic
- ☒ Misdemeanor Appeals

Postconviction - Sections 3.850 and 3.800, F.S./ Violation of Probation - Felony (includes VOCC)/ Violation of Probation - Misdemeanor (includes VOCC)/ Contempt Proceedings/ Extradition is included with the above categories at the trial level

Please list your TRIAL experience as follows for qualification for trial court appointments:
Example: In Re: J.R. (Please do not indicate the name of the minor if using juvenile trial experience)

| | Style of Case Case Number | State (S) Federal (FED) | Jury (J) Non Jury (NJ) | Misdemeanor (M) Felony (F) | Degree of Severest Charge |
|----|---|----------------------------|---------------------------|-------------------------------|---------------------------------|
| 1. | State vs. James Johnson 06-020665CF10C | STATE | J | F | Second |
| 2. | State vs. Micheal Henfield 11-07074MM10A | STATE | J | M | DUI |
| 3. | State vs. Jerome Fleming 03-011857CF10A | STATE | J | F | First |
| 4. | State vs. Daniel Jay Irvin 03-020396CF10A | STATE | J | F | Third |
| 5. | State vs. Robert Rachael 03-001830CF10A | STATE | J | F | Third |

| | Style of Case Case Number | State (S) Federal (FED) | Jury (J) Non Jury (NJ) | Misdemeanor (M) Felony (F) | Degree of Severest Charge |
|-----|---|----------------------------|---------------------------|-------------------------------|---------------------------------|
| 6. | State vs. Jonathan Brown 01-008211CF10A | STATE | J | F | First |
| 7. | State vs. Mathew Combs 02-012689CF10A | STATE | J | F | First-PBL |
| 8. | State vs. Cedric Straker 99-020977CF10A | STATE | J | F | Third |
| 9. | State vs. Kathy Turner CR-00-4918 | STATE | J | F | Second |
| 10. | State vs. Wilbur Smith cr00-7465 | STATE | J | F | Third |
| 11. | State vs. Laverne Boland 00-016700MM10A | STATE | J | M | DUI |
| 12. | State vs. Derrick Brown mo99-22743 | STATE | J | M | First-MM |
| 13. | State vs. Shan Scott TO99-150383 | STATE | J | M | DUI |
| 14. | State vs. Jeremy Martin TO99-124466 | STATE | J | M | First-MM |
| 15. | State vs. Peter Mchone TO99-36261 | STATE | J | M | DUI |

(If seeking appointments as lead counsel or co-counsel in Death Penalty cases, please indicate with an asterisk which cases you were lead counsel for a death penalty case tried before a jury.)

Please list your experience as follows for qualification for APPELLATE appointments:

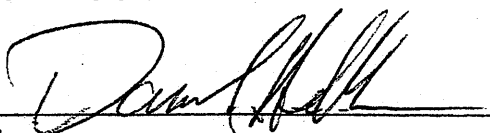
Example: In Re: J.R. (Please do not indicate the name of the minor if using juvenile appellate experience)

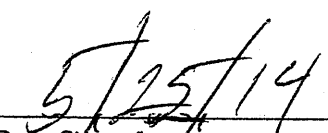
You must also complete the section with regard to trial experience if seeking appellate appointments.

| | Style of Case Case Number | Misdemeanor (M) Felony (F) | State (S) Federal (FED) |
|----|--|-------------------------------|----------------------------|
| 1. | Teddy Osceola- 2D11-2994 vs. State | F | S |
| 2. | Kevin King- 4D05-4493 vs. State | F | S |
| 3. | Samantha Gilmore- 04-15AC10A | M | S |
| 4. | State vs. Lincon Mullings- 04-50AC10A | M | S |
| 5. | Dung Nguyen-03-89AC10A | M | S |

(If seeking appointments for Death Penalty appeal cases, please indicate with an asterisk which case you prepared a brief for a death penalty case.)

I certify that the information contained herein is true and correct, I meet any minimum requirements established by general law, and I am available to represent indigent individuals, and will comply with any and all terms or contract for services with the Justice Administrative Commission.


Signature


Date Signed



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.FLORIDABAR.org

State of Florida)

County of Leon)

In Re: 0099078
George Odom Jr.
Dixon & Odom LLC
DIXON & ODOM 303 SW 6th St. 1st FL
Ft. Lauderdale, FL 33315

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **September 25, 2012**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 30th day of **September, 2018**.

Pam Gerard, Manager
Membership Records Dept.
The Florida Bar

PG:R10
CTM-23944



22: Central W10 MV/06/28/2018/ 8 30AM/Arraignment/05/19/2018

DATE 12/13/18 CASE NO 18003844MM10A ARREST NO OP18000280 BCCN NO 0896212

State of Florida vs. Bivouac, Jean Michel Didier
Cash Bond/Surety PTC Amount \$ Estreated Vacated Return to Dep
Cash Bond/Surety Amount \$ Estreated Vacated Return to Dep

- ☐ Magistrate ☐ First VOP ☐ Convicted by Jury ☒ Adj. Guilty
- ☐ Arraignment ☐ Final VOP ☐ Convicted by Court ☐ Adj. Withheld
- ☐ Change of Plea ☐ Admits/Denies Allegations ☒ Acq. by Jury ☐ Dismissed
- ☒ Trial by Jury ☐ Guilty ☐ Acq. by Court ☐ Nolle Pros
- ☐ Trial by Court ☐ No Contest ☐ Directed Verdict ☐ No Info
- ☐ Judgment of Acquittal

CHARGES: 1 Battery (065)

SENTENCE:
COUNT(S) Reporting/Administrative Probation: months with special conditions:

- ☐ DUI School Level
- ☐ License suspended
- ☐ Days immobilization by:
- ☐ Random breath/urine analysis at defendant's expense
- ☐ May work off fine/costs at \$ per hour
- ☐ May buy out community service at \$ per hour
- ☐ Hours of community service
- ☐ No alcohol or intoxicants while on probation
- ☐ AA/NA meeting(s) per week ☐ Evaluation, treatment and therapy, if necessary
- ☐ Pay all outstanding fine/costs on Driver's License Record
- ☐ Time served days on Count(s)
- ☐ Days Broward County Jail with credit for days time served
- ☐ No contact directly/indirectly with victim(s) or victim(s) family or others listed below
- ☐ All fines/costs are separate and apart from probation
- ☐ All fines/costs imposed are a condition of probation on Count(s):
- ☐ All special conditions of probation must be met by the month of probation
- ☐ DHSMV is directed to revoke defendant's license for 1 year pursuant to F.S 322.055
- ☐ Anger Management
- ☐ Interlock Device
- ☐ Justice for life ☐ PTE ☐ MADD/Victim Impact Panel ☐ Shoplifter's Program
- ☒ COS waived/imposed
- ☒ Partial payments accepted
- ☐ Fines/cost converted to civil lien/judgment
- ☐ Probation: Revoked-Terminated-Reinstated
- ☐ Early termination of probation upon completion of all conditions
- ☐ DDS hours
- ☐ Other:

squamina /Filing Clerk

CIRCUIT COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY, FLORIDA

Case Number 13010566CF10AArrest Number DV13000840BCCN # 0826943State of Florida VS Cordero, Jaime

AKA _____

Judge Michael Robinson

Cash bond / Return to depositor / Surety bond / IC

Cash bond number(s) _____

Charges 1 Burglary Structure/Innocent2 Resist/Obstruct W/O ViolenceLesser 1 Trespass (Structure)G. Odon
S. Gresham☒ REMANDED () REMAIN IC () UNTIL PICKED UP BY
BED AVAILABLE AT _____

OR

☒ Arraignment () Change of Plea () Guilty () No Contest () PSI/PDR ☒ Sentencing / Re-Sentencing
☒ Trial by Jury () Trial by Court () First VOP/VOCC () Final VOP/VOCC () Admits Allegations
☒ Convicted by Jury/Court IFU () Acquitted by Jury/Court _____ () Dismissed _____ () Speedy
☒ Discharged _____ () Nolle Prosequi _____ () Found Incompetent/Committed to Child/Family Services
☒ Adj. Guilty IFU () Adj. Withheld _____ () Adj. Delinquent _____
☒ Committed to DJJ/Level _____ () Sentence Withheld _____ () Previous Sentence Vacated
☐ PSI Ordered
 Adj. and Sentence deferred to _____

Type of probation / Community Control:

☐ Youthful Offender () Drug Offender () Sexual Offender () Habitual Offender () Mental Health () County
 PROBATION/COMM. CONTROL: () Revoked () Reinstated () Modified () Terminated
 Extended _____ () All previous special conditions apply

WARRANT: () Dismissed () Withdrawn () Served in open court

SENTENCE: (PROBATION / COMM. CONTROL)

COUNT(S): _____

_____ () Years () Months () Days () Probation () Community Control () Followed by
 _____ () Years () Months () Days () Probation () Community Control
 _____ () each count concurrent/consecutive () Concurrent () Consecutive to case number _____

COUNT(S): _____

_____ () Years () Months () Days () Probation () Community Control () Followed by
 _____ () Years () Months () Days () Probation () Community Control
 _____ () each count concurrent/consecutive () Concurrent () Consecutive to case number _____

SENTENCE: (INCARCERATION)

COUNT(S): 1+1

() One year plus one day () _____ 30 () Years () Months X Days
☒ BCJ () FSP, w/credit for 14 days T/S Agreed
 () Followed by _____ () Years () Months () Days () Probation () Community Control
☒ Each count concurrent/consecutive () Concurrent/consecutive () To case number _____
☒ Any other sentence () Work release () Prison sentence suspended

COUNT(S): _____

() One year plus one day () _____ () Years () Months () Days
 () BCJ () FSP, w/credit for _____ days T/S
 () Followed by _____ () Years () Months () Days () Probation () Community Control
 () Each count concurrent/consecutive () Concurrent/consecutive () To case number _____
 () Any other sentence () Work release () Prison sentence suspended

JUDGE [Signature]DEPUTY CLERK [Signature]DATE 7/10
 CAM 19-0348
 Exhibit 4
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SPECIAL CONDITIONS OF PRISON SENTENCE:

- ☐ Habitual Violent Offender mandatory minimum _____ years Ct(s) _____
- ☐ Violent Career Criminal mandatory minimum _____ years Ct(s) _____
- ☐ Prison Release Reoffender mandatory minimum _____ years Ct(s) _____
- ☐ Firearm mandatory minimum _____ years Ct(s) _____
- ☐ Other mandatory minimum _____
- ☐ Habitual Offender Ct(s) _____ ☐ Youthful Offender ☐ Sexual Predator/Offender ☐ Boot Camp
- ☐ To be given credit for all time previously served in prison, to be calculated by Department of Corrections

SPECIAL CONDITIONS OF PROBATION:

- ☐ _____ days BCJ w/credit for _____ days T/S ☐ Electronic Monitor
- ☐ SAP 30 days ☐ AA/NA 30 days ☐ AFTER CARE 30 days (out of custody) ☐ LIFE SKILLS 30 days
- ☐ Upon successful completion of drug program jail sentence shall be terminated.

- ☐ _____ hours of Community Service
- ☐ \$ _____ COS waived/ imposed
- ☐ Anger Management Program
- ☐ Blood draw per F.S. 943.325 - 2 samples for conviction of sexual assaults; lewd or indecent acts; homicides (782.04) aggravated battery; home invasion robbery or carjacking
- ☐ Curfew _____
- ☐ Drug / Alcohol evaluation and treatment recommended
- ☐ Forfeit weapon / firearm
- ☐ Defendant to enter and successfully complete Post Adj. Drug Court.
- ☐ May transfer probation to _____
- ☐ May travel _____ for work purposes
- ☐ No contact with minor children without adult supervision
- ☐ No contact directly or indirectly with victim(s) or victim's family or others listed
- ☐ No driving without valid driver's license
- ☐ No drugs or alcohol
- ☐ Enter and successfully complete _____
 - ☐ BARC
 - ☐ IRT ☐ followed by _____
 - ☐ HOUSE OF HOPE/STEPPING STONES
 - ☐ SPECTRUM
 - ☐ FOLLOWED BY _____
- ☐ Other _____
- ☐ Drug Ct Monitoring/Hearing set _____
- ☐ Obtain GED or High School diploma
- ☐ Psychological/Psychiatric evaluation and treatment necessary
- ☐ Random drug/alcohol testing
- ☐ The Dept. of DHSMV is to withhold issuance of defendant's driver license/privileges for a period of 2 years after the date the defendant was convicted or until deft. is evaluated for and, if deemed necessary by the evaluating agency, completes a drug treatment and rehab. program approved or regulated by DCF per FS.322.055
- ☐ Restitution ordered \$ _____ amount reserved
- ☐ Restitution converted to a civil lien
- ☐ Upon successful completion of jail sent. probation to automatically terminate
- ☐ Pay investigative costs:
 - ☐ Crime Lab _____
 - ☐ Expert Witnesses _____
 - ☐ Supp. Cost of Prosecution _____
 - ☐ Toxicology _____
 - ☐ Law Enforcement Agency
 - Agency #1 _____ \$ _____
 - Agency #2 _____ \$ _____
- ☐ Court costs/fines are not a condition of probation.

- ☐ \$225 Trust Fund
- ☐ \$50 VC
- ☐ \$5 Assessment each count
- ☐ \$50 SN1 Per Felony count
- ☐ \$100 Cost of prosecution
- ☐ \$50 PD application fee waived / imposed
- ☐ \$ _____ fine plus \$ _____ surcharge count(s) _____
- ☐ \$ _____ Court Costs misd count(s) _____
- ☐ Pay balance of previously imposed costs
- ☐ Balance of court costs and fees converted to a civil lien
- ☐ \$100 OTF count(s) _____
- ☐ \$20 CSTF count(s) _____
- ☐ \$2 T.C. each count
- ☐ \$65 AC each count
- ☐ \$10 Article V Assessment
- ☐ \$ _____ PD fee imposed
- ☐ Waive all court costs
- ☐ Other _____
- ☐ \$201 DVC count(s) _____
- ☐ \$151 RCP count(s) _____
- ☐ \$151 CAM count(s) _____
- ☐ \$20 SN1 Per Misd count
- ☐ \$30 CFF count(s) _____
- ☐ PD fee converted to civil lien
- ☐ Extradition costs \$ _____
- ☐ Defendant may do community service hours @ rate of \$10 per hour in lieu of court costs.

JUDGE

DEPUTY CLERK

DATE

CJM 19-0348
Exhibit 4
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7/10/14

CIRCUIT COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY, FLORIDA

Case Number 14-785CFW Arrest Number _____ BCCN # _____State of Florida VS Isabelle Anestel AKA _____Judge Michael Robinson Cash bond / Return to depositor / Surety bond / IC

Cash bond number(s) _____

Charges Battery on CEOResist / Obstruct w/ violencefail to drive in a single lane.() REMANDED () REMAIN IC () UNTIL PICKED UP BY () UNTIL AFTER POST ADJUDICATORY HEARING OK
BED AVAILABLE AT _____

() Arraignment () Change of Plea () Guilty () No Contest () PSI/PDR () Sentencing / Re-Sentencing
 () Trial by Jury () Trial by Court () First VOP/VOCC () Final VOP/VOCC () Admits Allegations
 () Convicted by Jury/Court II () Acquired by Jury/Court I () Dismissed III () Speedy
 () Discharged () Nolle Prosequi () Found incompetent/Placement Pending/ Committed to Child/Family Services
 () Adj. Guilty II () Adj. Withheld () Adj. Delinquent
 () Committed to DJJ/Level () Sentence Withheld () Previous Sentence Vacated
 () PSI Ordered
 Adj. and Sentence deferred to _____

Type of probation / Community Control:

() Youthful Offender () Drug Offender () Sexual Offender () Habitual Offender () Mental Health () County
 PROBATION/COMM. CONTROL. () Revoked () Reinstated () Modified () Terminated
 Extended () All previous special conditions apply

WARRANT: () Dismissed () Withdrawn () Served in open court

SENTENCE: (PROBATION / COMM. CONTROL)

COUNT(S): 0 () Years () Months () Days () Probation () Community Control () Followed by
 () Years () Months () Days () Probation () Community Control
 () each count concurrent/consecutive () Concurrent () Consecutive to case number _____

COUNT(S): _____ () Years () Months () Days () Probation () Community Control () Followed by
 () Years () Months () Days () Probation () Community Control
 () each count concurrent/consecutive () Concurrent () Consecutive to case number _____

SENTENCE: (INCARCERATION)

COUNT(S): _____ () One year plus one day () _____ () Years () Months () Days
 () BCJ () FSP, w/credit for _____ days T/S
 () Followed by _____ () Years () Months () Days () Probation () Community Control
 () Each count concurrent/consecutive () Concurrent/consecutive () To case number _____
 () Any other sentence () Work release () Prison sentence suspended

COUNT(S): _____ () One year plus one day () _____ () Years () Months () Days
 () BCJ () FSP, w/credit for _____ days T/S
 () Followed by _____ () Years () Months () Days () Probation () Community Control
 () Each count concurrent/consecutive () Concurrent/consecutive () To case number _____
 () Any other sentence () Work release () Prison sentence suspended

JUDGE

DEPUTY CLERK

DATE

CAM 10-0348
Exhibit 4
24 of 42

SPECIAL CONDITIONS OF PRISON SENTENCE:

- () Habitual Violent Offender mandatory minimum _____ years Ct(s) _____
- () Violent Career Criminal mandatory minimum _____ years Ct(s) _____
- () Prison Release Recidivist mandatory minimum _____ years Ct(s) _____
- () Firearm mandatory minimum _____ years Ct(s) _____
- () Other mandatory minimum _____
- () Habitual Offender Ct(s) _____ () Youthful Offender () Sexual Predator/Offender () Boot Camp
- () To be given credit for all time previously served in prison, to be calculated by Department of Corrections

SPECIAL CONDITIONS OF PROBATION:

- () _____ days BCJ w/credit for _____ days T/S () Electronic Monitor
- () SAP 30 days () AA/NA 30 days () AFTER CARE 30 days (out of custody) () LIFE SKILLS 30 days
- () Upon successful completion of drug program jail sentence shall be terminated.

- () _____ hours of Community Service () Drug Ct Monitoring/Hearing set _____
- () \$ _____ COS waived/ imposed () Obtain GED or High School diploma
- ☒ Anger Management Program 13 week session () Psychological/Psychiatric evaluation and treatment necessary
- () Blood draw per F.S. 943.325 - 2 samples for conviction of sexual assaults; lewd or indecent acts, homicides (782.04) aggravated battery, home invasion robbery or carjacking () Random drug/alcohol testing
- () Curfew within 2 weeks of date () The Dept. of DHSMV is to withhold issuance of defendant's driver license/privileges for a period of 2 years after the date the deft was convicted or until deft is evaluated for and, if deemed necessary by the evaluating agency, completes a drug treatment and rehab program approved or regulated by DCF per FS 322.055
- () Drug / Alcohol evaluation and treatment recommended
- () Forfeit weapon / firearm
- () Defendant to enter and successfully complete Post Adj Drug Court.
- () May transfer probation to _____
- () May travel _____ for work purposes
- () No contact with minor children without adult supervision
- () No contact directly or indirectly with victim(s) or victim's family or others listed
- () No driving without valid driver's license
- () No drugs or alcohol
- () Enter and successfully complete _____
- () BARC
- () IRT () followed by _____
- () HOUSE OF HOPE/STEPPING STONES
- () SPECTRUM
- ☒ FOLLOWED BY No early termination
- () Restitution ordered \$ _____ amount reserved
- () Restitution converted to a civil lien
- () Upon successful completion of jail sent probation to automatically terminate
- () Pay investigative costs:
- () Crime Lab _____
- () Expert Witnesses _____
- () Supp. Cost of Prosecution _____
- () Toxicology _____
- () Law Enforcement Agency
- Agency #1 _____ \$ _____
- Agency #2 _____ \$ _____
- () Court costs/fines are not a condition of probation.
- Other No early termination

D.U.I. USE ONLY

Count _____ Years _____ Months _____ Days Probation w/Special Conditions _____

() DUI School/level _____ () _____ Days License Suspended () _____ Work Permit

() _____ Days Immobilization by _____ Company

() _____ Ignition Interlock Program () _____ Hours of Community Service

() Evaluation, Treatment and Therapy if necessary

() Other _____

To run () Concurrent () Consecutive to Count(s) _____

JUDGE

DEPUTY CLERK

() 1st DUI

() 2nd DUI

() 3rd DUI

() 4th DUI

CAM 19-0348

Exhibit 4

25 of 42

DATE

5/13/14

CIRCUIT COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY, FLORIDA

Case Number 16011449CF10A Arrest Number BS16003932 BCCN # 0206996
 State of Florida VS Stluis, Demitrius Q AKA _____
 Judge Marina Garcia-Wood Cash bond / Return to depositor / Surety bond / IC
 Cash bond number(s) _____
 Charges 084-1 Felony Battery (Dom Strang)
065-2 Battery

G. Odum
D. Cannady

Defendant to be transported to Palm Beach Cnty
Order entered.

☐ REMANDED ☐ REMAIN IC ☐ UNTIL PICKED UP BY ☐ UNTIL AFTER POST ADJUDICATORY HEARING **OR**
 BED AVAILABLE AT _____

☐ Arraignment ☐ Change of Plea ☐ Guilty ☐ No Contest ☐ PSI/PDR ☐ Sentencing / Re-Sentencing
☐ Trial by Jury ☐ Trial by Court ☐ First VOP/VOCC ☐ Final VOP/VOCC ☐ Admits Allegations
☒ Convicted by Jury/Court 92 ☒ Acquitted by Jury/Court 01 ☐ Dismissed _____ ☐ Speedy
☐ Discharged _____ ☐ Nolle Prosequi _____ ☐ Found Incompetent/Placement Pending/ Committed to Child/Family Services
☒ Adj. Guilty 01-2 ☐ Adj. Withheld _____ ☐ Adj. Delinquent _____
☐ Committed to DJJ/Level _____ ☐ Sentence Withheld _____ ☐ Previous Sentence Vacated
☐ PSI Ordered

Adj. and Sentence deferred to

Type of probation / Community Control:
☐ Youthful Offender ☐ Drug Offender ☐ Sexual Offender ☐ Habitual Offender ☐ Mental Health ☐ County
 PROBATION/COMM. CONTROL: ☐ Revoked ☐ Reinstated ☐ Modified ☐ Terminated
 Extended _____ ☐ All previous special conditions apply
 WARRANT: ☐ Dismissed ☐ Withdrawn ☐ Served in open court

SENTENCE: (PROBATION / COMM. CONTROL)

COUNT(S): _____
 _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control ☐ Followed by
 _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control
 _____ ☐ each count concurrent/consecutive ☐ Concurrent ☐ Consecutive to case number _____
 COUNT(S): _____
 _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control ☐ Followed by
 _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control
 _____ ☐ each count concurrent/consecutive ☐ Concurrent ☐ Consecutive to case number _____

SENTENCE: (INCARCERATION)

COUNT(S): 2 ☐ One year plus one day ☐ 364 ☐ Years ☐ Months ☒ Days
☒ BCJ ☐ FSP, w/credit for 364 days T/S
☐ Followed by _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control
☒ Each count concurrent consecutive ☐ Concurrent/consecutive ☐ To case number _____
☐ Any other sentence ☐ Work release ☐ Prison sentence suspended
 COUNT(S): _____ ☐ One year plus one day ☐ _____ ☐ Years ☐ Months ☐ Days
☐ BCJ ☐ FSP, w/credit for _____ days T/S
☐ Followed by _____ ☐ Years ☐ Months ☐ Days ☐ Probation ☐ Community Control
☐ Each count concurrent/consecutive ☐ Concurrent/consecutive ☐ To case number _____
☐ Any other sentence ☐ Work release ☐ Prison sentence suspended

JUDGE *Marina Garcia Wood*

DEPUTY CLERK _____

DATE 8/16/2018

V. REFERENCES

- 1) **GORDON WEEKES, ESQ.**
CHIEF ASSISTANT PUBLIC DEFENDER – BROWARD COUNTY
201 SE 6TH ST., STE. 3872
FT. LAUDERDALE, FL 33301
(954) 831-8636
GWEEKES@BROWARDDEFENDER.ORG

- 2) **MELISSA PRESSER, ESQ.**
POLICE LEGAL ADVISOR
PLANTATION POLICE DEPARTMENT
451 NW 70TH TER
PLANTATION, FL 33317-2239
(954) 797-2629
MPRESSER@PSD.PLANTATION.ORG

- 3) **THOMAS MOSS, ESQ.**
ASSISTANT CITY ATTORNEY – CITY OF SUNRISE
10770 W OAKLAND PARK BLVD
SUNRISE, FL 33351-6816
(954) 746-3300
TMOSS@SUNRISEFL.GOV

VI. COST PROPOSAL

SECTION VI - COST PROPOSAL PAGE**Proposer Name:** The McLawrence Law Firm, P.A.

Proposer agrees to supply the products and services at the price bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Contractor shall offer one firm, fixed, flat rate for each municipal ordinance violation case completed through final disposition, including any and all costs, as set forth in the RFP, for legal representation as special counsel for indigent defendants charged with City of Fort Lauderdale municipal code violations.

FLAT RATE X ESTIMATED CASES/YR. = TOTAL

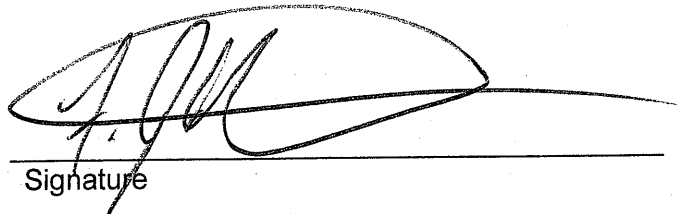
\$ 250 X 560 = \$140,000.00

Submitted by:Frantz J. McLawrence

Name (printed)

01 February 2019

Date



Signature

President

Title

VII. NON-COLLUSION STATEMENT

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME**RELATIONSHIPS**

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

VIII. NON-DISCRIMINATION CERTIFICATION FORM

**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.


Pursuant to City Ordinance Sec. 2-17(a)(i)(ii), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

- (a) Contractors doing business with the City shall not discriminate against their employees based on the employee's race, color, religion, gender (including identity or expression), marital status, sexual orientation, national origin, age, disability or any other protected classification as defined by applicable law.

Contracts. Every Contract exceeding \$100,000, or otherwise exempt from this section shall contain language that obligates the Contractor to comply with the applicable provisions of this section.

The Contract shall include provisions for the following:

- (i) The Contractor certifies and represents that it will comply with this section during the entire term of the contract.
- (ii) The failure of the Contractor to comply with this section shall be deemed to be a material breach of the contract, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.


Authorized Signature

Frantz J. McLawrence / President
Print Name and Title

01 February 2019
Date

IX. CONTRACT PAYMENT METHOD

CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

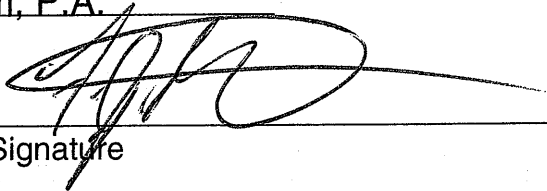
Please indicate which credit card payment you prefer:

_____ MasterCard

 X Visa Card

Company Name: The McLawrence Law Firm, P.A.

Frantz J. McLawrence
Name (Printed)


Signature

01 February 2019
Date

President
Title

X. INSURANCE FORMS

Progressive
P.O. Box 94739
Cleveland, OH 44101

1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 03818253-2

Underwritten by:
PROGRESSIVE EXPRESS INS COMPANY
September 21, 2018
Page 1 of 1

Certificate of Insurance

Certificate Holder

MCLAWRENCE LAW FIRM
7101 W COMMERCIAL BLVD 4A
LAUDERHILL, FL 33319

Insured

MCLAWRENCE LAW FIRM
7101 W COMMERCIAL BLVD 4A
LAUDERHILL, FL 33319

Agent

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jun 11, 2018

Policy Expiration Date: Jun 11, 2019

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE

\$100,000/\$300,000/\$50,000

UNINSURED MOTORIST

\$100,000/\$300,000 NON-STACKED

PERSONAL INJURY PROTECTION

\$10,000 W/\$0 DED - NAMED INSURED ONLY

Description of Location/Vehicles/Special Items

Scheduled autos only

2016 MAZDA 6 JM1GJ1V54G1475953

COMPREHENSIVE

\$500 DED

COLLISION

\$500 DED

Certificate number

26418NET253

Form 5241 (10/02)

CAM 19-0348
Exhibit 4
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|--|
| PRODUCER First Indemnity Insurance 87 Oxford Street Lynn MA 01901 | CONTACT NAME: Natalie Sandoval PHONE (A/C No. Ext): 781-581-2500 E-MAIL ADDRESS: nsandoval@firstindemnity.net INSURER(S) AFFORDING COVERAGE INSURER A : The Hartford INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | FAX (A/C No): 781-595-2293 NAIC # |
| INSURED The McLawrence Law Firm, P.A. 633 South Fed'l Hwy, 2nd Floor, Suite 200B Fort Lauderdale FL 33301 | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

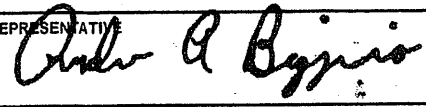
| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|--------------------------|---------------|-------------------------|--------------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 08 SBM RO4130 | 09/28/2018 | 09/28/2019 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | PRODUCTS - COMPI/OP AGG \$ 2,000,000 | |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | <input type="checkbox"/> | <input type="checkbox"/> | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | <input type="checkbox"/> | <input type="checkbox"/> | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input type="checkbox"/> | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | E.L. EACH ACCIDENT \$ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | General Liability | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 08 SBM RO4130 | 09/28/2018 | 09/28/2019 | Per Claim Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Ft Lauderdale Procurement Services Division is listed as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| The City of Ft Lauderdale Procurement Services Division 100 N Andrews Ave., Rm 619 Ft. Lauderdale FL 33301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|--|---|

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**LAWYERS PROFESSIONAL LIABILITY POLICY
DECLARATIONS**

Agency:
700324

Branch:
912

Policy Number:
596729193

Insurance is provided by Continental Casualty Company,
151 North Franklin Street Chicago IL 60606
A Stock Insurance Company.

- 1. NAMED INSURED AND ADDRESS:**
The McLawrence Law Firm, P.A.
633 S. Fed'l Hwy
2nd FL, Ste. 200-B
Ft. Lauderdale, FL 33301

NOTICE TO POLICYHOLDERS:

This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.

2. POLICY PERIOD:

Inception: 09/28/2018
at 12:01 A.M. Standard Time at the address shown above

Expiration: 09/28/2019

3. LIMITS OF LIABILITY:

Inclusive of Claims Expenses

Each Claim: \$1,000,000
Aggregate: \$2,000,000

Death or Disability and Non-Practicing
Extended Reporting Period Limit of Liability:

Each Claim: \$1,000,000
Aggregate: \$2,000,000

4. DEDUCTIBLES:

Inclusive of Claims Expenses

Aggregate: \$5,000

5. POLICY PREMIUM:

| | |
|--|------------|
| Annual Premium: | \$1,946.00 |
| Total Amount: | \$1,946.00 |
| <i>Includes CNA Risk Control Credit of</i> | \$ 0.00 |

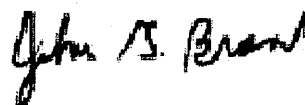
Includes Lawyers Data Breach and Network Security Premium, see coverage endorsement if applicable

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A (Ed. 06/2015), G-118012-AC (Ed. 03/1999), CNA-82437-XX (Ed. 06/2015), G-118016-ACC (Ed. 12/2011), G-118029-A (Ed. 04/2008), G-118031-A (Ed. 04/2008), G-118039-A09 (Ed. 09/2012), G-118065-A09 (Ed. 06/2015)

7. WHO TO CONTACT:

To report a claim:
CNA – Claims Reporting
P.O. Box 8317
Chicago, IL 60680-8317
Fax: 866-773-7504 / Online: www.cna.com/claims
Email: SpecialtyProNewLoss@cna.com
Lawyers Claim Reporting Questions: 800-540-0762



Authorized Representative

09/28/2018
Date

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) The McLawrence Law Firm EIN (Optional): 20-4339804

Address: 633 South Federal Highway, Suite 200-B

City: Fort Lauderdale State: FL Zip: 33301

Telephone No. 954-318-1376 FAX No. 954-6160566 Email: info@mclawrencelaw.com

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): NA

Total Bid Discount (section 1.05 of General Conditions): NA

Does your firm qualify for MBE or WBE status (section 1.09 of General Conditions): MBE Yes WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

| Addendum No. | Date Issued | Addendum No. | Date Issued | Addendum No. | Date Issued |
|---------------|----------------|---------------|---------------|---------------|---------------|
| <u>1</u> | <u>1/24/19</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

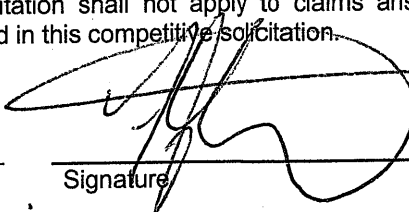
VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDS SYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Frantz J. McLawrence
Name (printed)

2/21/19
Date:


Signature

President
Title

