

## Ohio First District Court of Appeals Appellate Appointed Counsel Attorney Application

Name:		Attorney Registration No.:
Address:		Email:
Phone Number(s):		Languages spoken other than English:
Date Admitted to the Ohio Bar:		
Appointment Types (Check all that apply)		
Death Penalty Post Conviction Relief		Bindover and Serious Youthful Offender Juvenile 1 <sup>st</sup> & 2 <sup>nd</sup> Degree Felonies
(Appt.Coun.R.3.04 Certified) Cumulative Sentences of 25 years or more		Unruly, Truancy, Violation of Court Order, Juvenile,Misdemeanor, 3 <sup>rd</sup> , 4 <sup>th</sup> , & 5 <sup>th</sup>
Criminal 1 <sup>st</sup> & 2 <sup>nd</sup> Degree Felonies		Juvenile Dependent/Abused/Neglected
Criminal 3 <sup>rd</sup> Degree Felonies		Custody/Termination of Parental Rights
Criminal Misdemeanors, 4 <sup>th</sup> & 5 <sup>th</sup> Degree Felonies		I currently do not meet the requirements under 120-1-10 and I am seeking exemption
Certification		
I am a licensed Ohio attorney who is in good standing with the Ohio Supreme Court and maintain professional liability insurance. I have reviewed <u>Ohio Administrative Code 120-1-10</u> and I am qualified to be appointed counsel for the types of cases I have indicated in this application. I have reviewed and will comply with the requirements set forth in Loc.R. 3.4. I further agree to notify the First District Court of Appeals in writing of any changes in personal or professional status that may affect my ability or qualifications to serve as appointed counsel for indigent defendants as indicated in this application.		
Signature Date		
Email applications to: or	Jhammock@firstdistrict	tcoa.org
Mail applications to:	Assignment Commission First District Court of A 230 E. 9th Street, 12th	