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 (Appt.Coun.R.3.04 Certified)
- ☐ Cumulative Sentences of 25 years or more
- ☐ Criminal 1st & 2nd Degree Felonies
- ☐ Criminal 3rd Degree Felonies
- ☐ Criminal Misdemeanors, 4th & 5th Degree Felonies
- ☐ Bindover and Serious Youthful Offender
- ☐ Juvenile 1st & 2nd Degree Felonies
- ☐ Unruly, Truancy, Violation of Court Order, Juvenile,Misdemeanor, 3rd, 4th, & 5th Degree Felonies
- ☐ Juvenile Dependent/Abused/Neglected
- ☐ Custody/Termination of Parental Rights
- ☐ 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 Ohio Administrative Code 120-1-10 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 Mail applications to:	Jhammock@firstdistrictcoa.org Assignment Commissioner First District Court of Appeals 230 E. 9th Street, 12th Floor, Cincinnati, Ohio 45233