



FIRST DISTRICT APPELLATE PRO BONO PROGRAM APPLICATION

The First District Ohio Court of Appeals offers self-represented litigants the opportunity to apply for Volunteer Counsel through its Appellate Pro Bono Program. The purpose of the program is to aid appellate review of matters before the Court that would benefit from the involvement of counsel, in which a litigant without a right to counsel cannot afford to hire his or her own lawyer. A case is most likely to be selected for the program if it presents a difficult legal issue or issue of substantial complexity.

If you are a self-represented party and wish to have Volunteer Counsel appointed to your case, please fill out this application form completely and email it to probonoCOA@cms.hamilton-co.org, with the subject heading: "Application for Pro Bono Program." You can also submit in hard copy at 230 E. Ninth Street, Cincinnati 45202, 12th Floor. If your case is chosen for the Program, you will be notified and referred to Volunteer Counsel. **Submitting this form does *not* guarantee Volunteer Counsel will be appointed to your case. You should proceed as though you have not received counsel until you are told otherwise, and you must adhere to all court deadlines.**

Name: _____

Address: _____

Phone: _____ Email: _____

I do not have sufficient resources retain counsel

Type of Case: (For example: Housing, Child Custody, Consumer, etc.) _____

Court Where Case Decided: _____

Case Number: _____

Names of the Parties: _____

Date of Final Order: _____ Has an appeal already been filed? Yes _____ No _____

Please explain why you believe the trial court's decision was incorrect and should be appealed:

By signing below you acknowledge that the deadline to file an appeal is usually 30 days from the date of the final order to be appealed and that deadline normally cannot be extended. You also acknowledge that you are responsible for filing your own notice of appeal before the expiration of the deadline and adhering to all court deadlines unless you are notified by the that Volunteer Counsel will file the notice of appeal on your behalf.

Signature: _____ Date: _____