



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)

- | | |
|--|--|
| <input type="checkbox"/> Death Penalty Post Conviction Relief
(Appt.Coun.R.3.04 Certified) | <input type="checkbox"/> Bindover and Serious Youthful Offender |
| <input type="checkbox"/> Cumulative Sentences of 25 years or more | <input type="checkbox"/> Juvenile 1 st & 2 nd Degree Felonies |
| <input type="checkbox"/> Criminal 1 st & 2 nd Degree Felonies | <input type="checkbox"/> Unruly, Truancy, Violation of Court Order,
Juvenile, Misdemeanor, 3 rd , 4 th , & 5 th
Degree Felonies |
| <input type="checkbox"/> Criminal 3 rd Degree Felonies | <input type="checkbox"/> Juvenile Dependent/Abused/Neglected |
| <input type="checkbox"/> Criminal Misdemeanors,
4 th & 5 th Degree Felonies | <input type="checkbox"/> Custody/Termination of Parental Rights |
| | <input type="checkbox"/> 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 Admin. [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@cms.hamilton-co.org

Assignment Commissioner
First District Court of Appeals
230 E. 9th Street, 12th Floor, Cincinnati, Ohio 45233