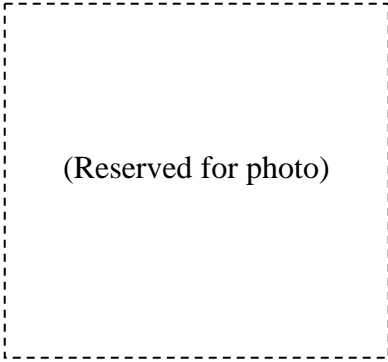


**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

APPOINTMENT OF COUNSEL APPLICATION



Name: _____

Attorney Registration No.: _____

Local Office Address: _____
Street

_____ City State Zip

Local Office Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Years in Practice of Law: _____

I hereby certify that:

I am a licensed Ohio attorney in good standing for at least one year.

I have practiced in the Franklin County Municipal Court within the past year.

I have practiced criminal/traffic law for _____ years and appellate law for _____ years.

I have experience as co-counsel on _____ criminal/traffic cases. I have experience as lead counsel on _____ criminal/traffic cases.

I have tried approximately _____ criminal/traffic jury trials.

Within the past two years, I have completed at least six (6) hours of continuing legal education in municipal court criminal practice and procedure.

I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Ohio Rules of Professional Conduct.

I will attend an orientation session presented by the Court and complete the six (6) hour mentoring requirement within six (6) months of being notified of my acceptance on the Appointed Counsel List.

I understand that I will not receive any cases until I file proof of completion of orientation and mentoring with the Court Appointed Counsel Coordinator, 375 South High Street, 10th Floor, Columbus, OH 43215.

Signature

Date

A resume, certificate of CLE and Malpractice compliance (including declaration page and CLE transcript), and photo must be submitted with this application.