



Ohio Fourth District Court of Appeals Appellate Appointed Counsel Attorney Application

Name:	Attorney Registration No.:
Address:	Email:
Office Phone:	Cell Phone:

Appointment Types (check all that apply):	
<input type="checkbox"/> Criminal: 1st & 2nd Degree Felony	<input type="checkbox"/> Juvenile: 1st & 2nd Degree Felony
<input type="checkbox"/> Criminal: 3rd Degree Felony	<input type="checkbox"/> Juvenile: 3rd, 4th, 5th Degree Felony and Misdemeanor
<input type="checkbox"/> Criminal: 4th, 5th Degree Felony and Misdemeanor	<input type="checkbox"/> Juvenile: Dependent/Abuse/Neglect
<input type="checkbox"/> Criminal: unclassified Felonies (no death penalty imposed)	<input type="checkbox"/> Custody/Termination of Parental Rights
<input type="checkbox"/> Death Penalty charged or imposed (certified capital case attorney)	<input type="checkbox"/> Other (specify):

I am able to take appointments in the following counties:

Adams
 Athens
 Gallia
 Highland
 Hocking
 Jackson
 Lawrence
 Meigs
 Pickaway
 Pike
 Ross
 Scioto
 Vinton
 Washington

Certification

I am a licensed Ohio attorney who is currently in good standing with the Ohio Supreme Court. I am qualified to be appointed counsel for the types of cases I have indicated in this application pursuant to Ohio Administrative Code 120-1-10. I agree to notify the Ohio Fourth District Court of Appeals in writing of any changes in personal or professional status that affect my ability or qualifications to serve as appointed counsel for indigent defendants as indicated in this application. I understand that I must submit a complete appointed counsel fee application packet within 30 days of the resolution of the appeal, and that reimbursements and payments may be reduced or denied if the packet is submitted late.

Signature _____ Date

Mail this application to:	Please return the completed copy of this form to the Court Administrator, Ohio Fourth District Court of Appeals, P.O. Box 790, Circleville, OH 43113, or return by fax 740.420.5111.
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