

Assigned Counsel Certification Form
Fourth District Court of Appeals

I hereby request that my name be added to the appellate appointment roster.

Name _____

Attorney Registration Number _____

Address _____

Phone/Fax Number _____

Email Address _____

Qualifications/Experience/Training pursuant to OAC 120-1-10(K) and (L)
(please complete applicable lines)

Adult

Misdemeanor, F4, F5 _____

F1, F2 _____

F3 _____

Defendant is appealing cumulative sentence of 25 years or more

Juvenile

Unruly, truancy, violation of court order, misdemeanors, F3, F4, F5

F1, F2 _____

Bind-over and SYO _____

Parental Rights Termination/Permanent Custody (please list prior appellate and/or
trial court experience)

I further attest that I maintain professional liability (malpractice) insurance in the amount
at least equal to the minimum coverage required by the Code of Professional
Responsibility.

Date

Signature