

EIGHTH DISTRICT COURT OF APPEALS
APPLICATION TO SERVE, OR TO RENEW SERVICE, AS ASSIGNED COUNSEL
2017

NAME _____

SUPREME COURT IDENTIFICATION NO. _____

ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

E-MAIL ADDRESS: _____

APPOINTMENT TYPES:

(check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Death penalty PCR (R.3.04 Certified) | <input type="checkbox"/> Juvenile 1 st & 2 nd degree felony |
| <input type="checkbox"/> Criminal 1 st & 2 nd degree felony | <input type="checkbox"/> Juvenile misdemeanor, 3 rd , 4 th , 5 th felony |
| <input type="checkbox"/> Criminal 3 rd degree felony | <input type="checkbox"/> Juvenile dependent/abused/neglected |
| <input type="checkbox"/> Criminal misdemeanor, 4 th & 5 th degree felony | <input type="checkbox"/> Custody/Termination of parental rights |

CERTIFICATION:

I certify that I am a licensed attorney who maintains professional liability insurance. I have reviewed Ohio Administrative Code 120-1-10 and I will accept appointments as provided by this section. I further agree to inform the Court if and when I am no longer in substantial compliance with OAC 120-1-10 for any category of appointments. I understand the court requires me to renew this certification annually by December 31st of each year in order to remain eligible for court assignments. (<http://codes.ohio.gov/oac/120-1-10v1>).

Attorney Name

Date

Signature

Please return the completed copy of this form to:

Mary Pat Horwitz,
Administrative Counsel
Ohio Court of Appeals,
Eighth District
1 Lakeside Ave., Rm 202
Cleveland, Ohio 44113
or return by e-mail to mph@8thappeals.com