

**APPLICATION FOR APPOINTED COUNSEL PROGRAM
MONTGOMERY COUNTY, OHIO COMMON PLEAS COURT**

NAME:	ATTORNEY REGISTRATION NUMBER:
FIRM NAME AND ADDRESS:	TELEPHONE NUMBER(S): FAX NUMBER: EMAIL ADDRESS:
FLUENT IN THE FOLLOWING LANGUAGE(S):	
LAW SCHOOL ATTENDED:	DATE ATTENDED ANNUAL DBA CRIMINAL LAW CERTIFICATION SEMINAR:
DATE GRADUATED:	CLE CREDITS ARE CURRENT: YES <input type="checkbox"/> NO <input type="checkbox"/> PROVIDE TRANSCRIPTS
DATE ADMITTED TO PRACTICE IN OHIO:	6 HOURS OVI CLE COMPLETED: YES <input type="checkbox"/> NO <input type="checkbox"/> PROVIDE TRANSCRIPTS
NUMBER OF TRIALS AS: LEAD COUNSEL: CO-COUNSEL:	CAPITAL CASES: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE QUALIFIED: ____/____/____ LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL <input type="checkbox"/> APPELLATE <input type="checkbox"/>
APPLICATION STATUS: New Applicant <input type="checkbox"/> Request for Upgrade <input type="checkbox"/> Resubmit Due to Rule Change <input type="checkbox"/>	
APPOINTED COUNSEL: Felony 4-5 <input type="checkbox"/> Felony 3 <input type="checkbox"/> Felony 1-2 <input type="checkbox"/> Unclassified (Non-capital-Murder or Rape <13) <input type="checkbox"/> Appeals <input type="checkbox"/>	
If you are unavailable, can someone accept appointments for you? If yes, who? _____	
FREQUENCY OF ANNUAL APPOINTMENTS: Unlimited <input type="checkbox"/> No more than 8 <input type="checkbox"/> No more than 1 or 2 <input type="checkbox"/>	
MENTOR PROGRAM: MENTOR (I am willing to be a mentor) <input type="checkbox"/> MENTEE (I wish to have an attorney mentor me) <input type="checkbox"/>	

Please complete the attached "Qualifying Experience" sheet and provide at least three, or more, cases as support for your request.

I have reviewed the Qualifications, Regulations and Standards of the Ohio Public Defender's Commission and OAC 120-1-10 and certify that I meet the minimum requirements to be appointed to represent indigent defendants. I am willing to serve as counsel in accordance with and subject to all applicable rules, guidelines, and statutes that govern this process. I agree to notify the Court, in writing, of any changes in personal or professional status that would affect my ability or qualification to serve as appointed counsel for indigent defendants. I understand that Appointed Counsel Payment Packages must be submitted within thirty (30) days from filing of the termination entry and that each package must include an executed affidavit of indigency.

<hr style="border: 0.5px solid black;"/> Attorney Signature Date	Mail Application to: Appointed Counsel Coordinator, Montgomery County Common Pleas Court 41 N. Perry Street, Room 038 Dayton, Ohio 45422 OR email to: Heather.Fultz@montcourt.oh.gov
FOR INTERNAL USE ONLY	
APPLICANT APPROVED FOR: Felony 4-5 <input type="checkbox"/> Felony 3 <input type="checkbox"/> Felony 1-2 <input type="checkbox"/> Unclassified <input type="checkbox"/> Appeals <input type="checkbox"/> Capital Cases <input type="checkbox"/>	

QUALIFYING EXPERIENCE

Any attorney requesting an appointment must use the space below to list cases that he/she has handled that the court will use in evaluating the attorney's request.

COURT	CASE NAME	CASE NUMBER	CHARGE(S) LEVEL	PLEA	VERDICT
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>
					LEAD <input type="checkbox"/> CO <input type="checkbox"/>

OTHER RELEVANT EXPERIENCE OR TRAINING

Please list any other relevant experience or training that should be used in the court's consideration of the attorney's request (i.e. motions, hearings, dispositions).

Submit