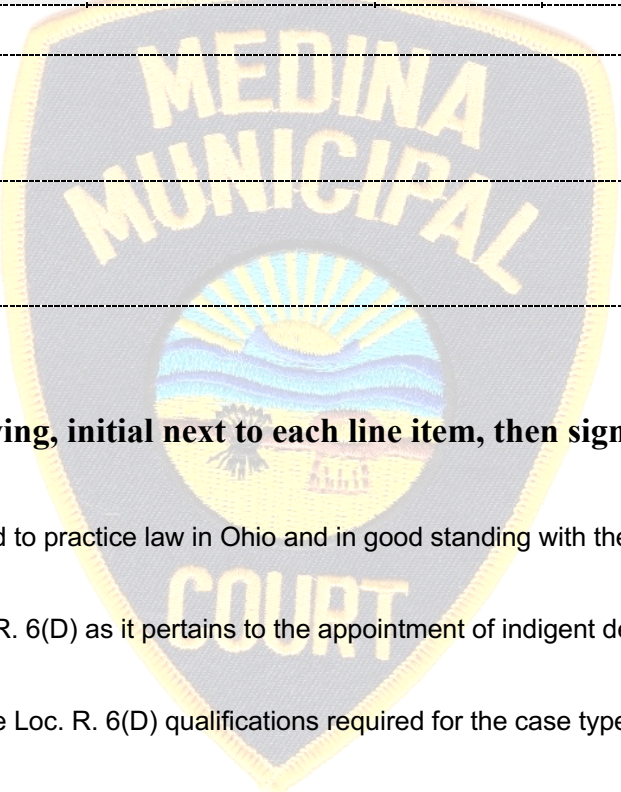


Name:		Email:	
Law Firm:			
Business Address:		Work Phone:	
City/State/Zip:		Cell Phone:	
Ohio Bar No.:		Fax No.:	
Ohio Bar Admission Year:		Currently Licensed in These Other States:	
Years in Practice:		Non-English Language Proficiencies:	
I Seek Appointment to the Following Types of Cases (check all that apply):		Misdemeanors <input type="checkbox"/>	OVI <input type="checkbox"/>
		Felonies <input type="checkbox"/>	Appeals <input type="checkbox"/>

State Certified Practice Specialties	
Practice Area(s) of Emphasis	



Please read all of the following, initial next to each line item, then sign at the bottom of the form.

- _____ I am currently licensed to practice law in Ohio and in good standing with the Supreme Court of Ohio.
- _____ I have reviewed Loc. R. 6(D) as it pertains to the appointment of indigent defense counsel.
- _____ I currently possess the Loc. R. 6(D) qualifications required for the case types for which I seek appointment.
- _____ I have reviewed all regulations applicable to my compensation for this work and agree to comply with them.

I hereby swear or affirm that the information provided above is true and accurate.

 ATTORNEY APPLICANT (signature)

 DATE

 ATTORNEY APPLICANT (printed)