

Ohio Second District Court of Appeals Appointed Appellate Counsel Attorney Application

| Name: | Attorney Registration No.: |
|--|--|
| Address: | Email: |
| Phone Number(s): | Fax No.: |
| Date Admitted to the Ohio Bar: | If unavailable, who can accept appointments for you? |
| Date Attended Biennial 2d District Appointed Appellate Counsel CLE (live or recorded): | Applicant Status (New Applicant, Request for Upgrade): |
| Appointment Types | |
| (Check all | that apply) |
| (See attached training and experience requirement | nts set forth in Ohio Administrative Code 120-1-10) |
| CLE Credits are curre | ent Yes No |
| Cumulative Sentences of 25 years or more | Bindover and Serious Youthful Offender |
| Criminal 1 st & 2 nd Degree Felonies | Juvenile 1 st & 2 nd Degree Felonies |
| Criminal 3 rd Degree Felonies | Unruly, Truancy, Violation of Court Order, Misdemeanor, 3 rd , 4 th , & 5 th Degree Felonies |
| Criminal Misdemeanors, 4 th & 5 th Degree Felonies | Juvenile Dependent/Abused/Neglected* |
| Death Penalty PCR* (Appt.Coun.R.3.04 Certified) | Custody/Termination of Parental Rights* |
| * Not subject to the requirements of OAC 120-1-10 | |

Certification

I am a licensed Ohio attorney who is currently in good standing with the Ohio Supreme Court. I am willing to serve as counsel in accordance with and subject to all applicable rules, guidelines, and statutes that regulate an attorney licensed to practice in Ohio. Specifically, I have reviewed the requirements to qualify for state reimbursement set forth in Ohio Administrative Code 120-1-10 (attached) and certify that I meet the minimum requirements to represent indigent clients. I agree to notify the Ohio Second 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 clients 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 an appeal.

| Signature | Date |
|------------------------------|--|
| Email applications to: or | McVeyJ@mcohio.org |
| Mail applications to: | Appointed Counsel Coordinator Ohio Second District Court of Appeals 41 N. Perry Street. Room 515, Dayton, Ohio 45422 |

Appointment Application 2023