

APPLICATION FOR APPOINTED COUNSEL AND PRO BONO PROGRAMS

APPLICANT INFORMATION

NAME:			*ATTORNEY REGISTRATION #:
FIRM NAME AND ADDRESS:			*TELEPHONE NUMBER(S):
			FAX NUMBER:
			*E-MAIL ADDRESS:
LAW SCHOOL ATTENDED:			ARE CLE CREDITS CURRENT? YES NO
DATE GRADUATED:			RULE 20 CERTIFIED? YES NO
DATE ADMITTED TO PRACTICE IN OHIO:			RULE 20 SEMINAR ATTENDED:
DATE ANNUAL DBA CRIMINAL LAW CERTIFICATION SEMINAR ATTENDED:			RULE 20 CERTIFICATION DATE:
APPLICATION FOR			
APPOINTED COUNSEL PROGRAM: FELONY 3-5 UPGRADE TO FELONY 1-5 RULE 20 APPEALS			
I WOULD LIKE TO BE CONSIDERED FOR UNCLASSIFIED (NON-CAPITAL) CASE APPOINTMENTS. (F1-5 Attorneys only)			
PRO BONO/VOLUNTEER COUNSEL: I am willing to accept Pro Bono cases annually.			
If you are unavailable, can someone accept appointments for you?			
If you are requesting an upgrade, please provide at least three or more cases as support for your requested upgrade. Use additional sheets if necessary.			
CASE NUMBER	NAME		Disposition
OTHER RELEVANT EXPERIENCE OR TRAINING:			
appointed to represent i govern this process. I a as appointed counsel fo	indigent defendants. I an agree to notify the Court, or indigent defendants.	n willing to serve as counsel in acco in writing, of any changes in persona understand that Appointed Counsel	efender's Commission and certify that I meet the mimimum requirements to be rdance with and subject to all applicable rules, guidelines, and statutes that all or professional status that would affect my ability or qualification to serve Payment Packages must be submitted within (30) thirty days from filing of the
termination entry and that each package must include an executed affidavit of indigency.			

Appointed Counsel Coordinator **Montgomery County Common Pleas Court** Liberty Tower *Attorney Signature Date 120 West Second Street, Room 614

Mail Application to:

Dayton, Ohio 45422 (OR) Fax to: 937-824-7966

Revised 3/08

*indicates required fields