

**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

APPOINTMENT OF APPELLATE COUNSEL APPLICATION

Name: _____

Attorney Supreme Court I.D. Number: _____

Local Office Address: _____

City, State, Zip Code

Local Telephone Number: _____

Years in Practice of Law: _____

I hereby certify that:

1. I am licensed to practice law in the State of Ohio.
2. I am in good standing with the Supreme Court of Ohio.
3. I have experience as lead counsel on ten (10) or more criminal or traffic court cases in Municipal Court.
4. I have practiced criminal law for ____ years and appellate law for ____ years.
5. I have tried approximately ____ criminal trials, including ____ jury trials.
6. I have written briefs for approximately _____ appeals.
7. I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Code of Professional Responsibility.
8. If I am not currently on a Franklin County Court Appointed Counsel List I will attend an orientation session presented by the court within six months of being notified of my acceptance on the Court Appointed Appellate Counsel List. I understand that I will not receive any cases until I file proof of completion of orientation with Suzanne Ruzicka, Support Services Coordinator, 375 South High Street, 15th Floor, Columbus, Ohio 43215.

Signature

Date

A resume and five (5) photos must be submitted with this application.