

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

APPOINTMENT OF APPELLATE COUNSEL APPLICATION

(Reserved for photo)

Name: _____

Attorney Registration No.: _____

Local Office Address: _____
Street City, State Zip Code

Local Office Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Years in Practice of Law: _____

I hereby certify that:

1. I am a licensed Ohio attorney in good standing for at least one year.
2. I have practiced in the Franklin County Municipal Court within the past year.
3. I have practiced criminal/traffic law for _____ years and appellate law for _____ years.
4. I have experience as co-counsel on _____ criminal/traffic trials. I have experience as lead counsel on _____ criminal/traffic trials.
5. I have tried approximately _____ criminal/traffic jury trials.
6. I have written briefs for approximately _____ appeals.
7. Within the past two years, I have completed at least six (6) hours of continuing legal education in municipal court criminal practice and procedure.
8. I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Ohio Rules of Professional Conduct.

Signature

Date

**A resume, certificate of CLE and Malpractice compliance, and nine (9) 2”x 2” photos
must be submitted with this application.**