

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

**APPOINTMENT OF COUNSEL APPLICATION
(Local Court Rule 16)**

(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 law for _____ years and traffic 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. Within the past two years, I have completed at least six (6) hours of continuing legal education in municipal court criminal practice and procedure.
7. I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Ohio Rules of Professional Conduct.
8. I will attend an orientation session presented by the Court and complete the six (6) hour mentoring requirement within six (6) months of being notified of my acceptance on the Court Appointed Counsel List.
9. I understand that I will not receive any cases until I file proof of completion of orientation and mentoring with Paula Gruber, 375 South High Street, 10th Floor, Columbus, Ohio 43215.

Signature

Date

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