

**FRANKLIN COUNTY MUNICIPAL COURT
COURT APPOINTED COUNSEL LIST
CERTIFICATION OF LOCAL RULE 16.04 REQUIREMENTS**

I, _____, certify that I have maintained professional liability (malpractice) insurance in the amount equal to the minimum coverage required by the Ohio Rules of Professional Conduct.

I, _____, certify that I have attended _____ hours of continuing legal education pertaining to municipal court criminal practice and procedure during my reporting period ending December 31, 2016.

Optional for those attorneys who wish to be appointed to OVI misdemeanor cases:

I, _____, certify that I have attended _____ hours of continuing legal education pertaining to OVI practice and procedure during my reporting period ending December 31, 2016.

Required

I have attached a copy of my professional liability (malpractice) insurance declaration page. _____ (initial here).

AND

I have attached a copy of my Ohio Supreme Court CLE Transcript, with applicable hours of CLE courses highlighted. _____ (initial here).

(Signature)

(Date)