

REGISTRATION AND CERTIFICATION SUMMIT COUNTY APPOINTED COUNSEL LIST

Please add my name to the Court Appointed Counsel List.

Name of Attorney: (print) _____

Name of Firm: _____

Email Address: _____

Business Phone Number: _____

Business Address: _____

Attorney Registration Number: _____

Based upon the adopted standards of the Ohio Public Defender Association, I state I am qualified to represent indigents the following types of felonies.

Circle letter(s) selected:

- A. Murder, aggravated murder and aggravated murder with specifications.
- B. First, second or third degree felonies.
- C. Fourth and fifth degree felonies.
- D. I will sit unpaid 2nd chair to gain experience (felonies).
- E. I will allow someone to sit unpaid 2nd chair to me (felonies).
- F. I would be willing to accept appointments on Saturday mornings which require Monday court appearances. Phone number where I may be reached at this time _____.

(Please list only one phone number)

I certify that I am a licensed attorney, in good standing with the Supreme Court of Ohio, and am qualified as noted above to handle the representation of indigent defendants, and my name appears on the current Akron Bar Association's list of counsel for indigents.

Signature

Date

<p><i>Office Use Only</i> Nuts-n-Bolts of Criminal Practice viewed on: _____ ABC's Of A Jury Trial viewed on: _____ Annual Criminal Law Update attended on: _____</p>
