

REGISTRATION AND CERTIFICATION SUMMIT COUNTY 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 in 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, qualified as noted above to handle the representation of indigent defendants, and I would like my name to appear on the current Akron Bar Association's list of counsel for indigents.

Signature

Date

<p>Office Use Only</p> <p>Annual Criminal Law Update attended on: _____</p>
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