

SUMMIT COUNTY INDIGENT APPOINTED COUNSEL LIST

Is this a renewal? ____ Yes ____ No

Are you only updating contact information? ____ Yes ____ No

Are you adding or changing the type(s) of appointments you wish to receive? ____ Yes ____ No

Attorney Name: _____

Phone Number: _____

Email: _____

Firm Name: _____

Address: _____ OH _____
Street City Zip

SCO Registration #: _____

Date of SCO Admission: _____

IF THIS IS STRICTLY A RENEWAL APPLICATION, AND YOU ARE NOT MAKING ANY CHANGES, PLEASE SKIP TO THE CERTIFICATION PAGE BELOW

IF THIS IS A NEW APPLICATION OR YOU ARE ADDING AREAS IN WHICH YOU WISH TO PROVIDE APPOINTED COUNSEL ASSISTANCE PLEASE SUBMIT THE INFORMATION BELOW.

Per the requirements outlined in the Ohio Administrative Code 120-1-10, I state I am qualified to represent indigents in the following types of cases:

A) MISDEMEANORS

- I will accept All Misdemeanor appointments.
- I will accept Misdemeanor OVI appointments.
- I will accept Misdemeanor appeals appointments.
- I will accept Misdemeanor OVI appeals appointments.
- I will sit unpaid 2nd chair to gain misdemeanor experience.
- I will host another attorney to sit unpaid 2nd chair with me.

1. CLE Requirement: 6 hours within 2 years or a clinical education program in criminal defense (or one year of practice)

2. Name of attorney I shadowed: _____

B) FELONIES

- I will accept Felony OVI appointments.
- I will accept 4th and 5th degree appointments.
- I will accept 3rd degree appointments.
- I will accept 1st and 2nd degree appointments.
- I will accept Life Sentence appointments.
- I will sit unpaid 2nd chair to gain felony experience.
- I will host another attorney to sit unpaid 2nd chair with me.

1. Felony OVI Requirement: 6 hours CLE within 2 years AND 1 year criminal practice

I have been in criminal practice for at least one year.

2. F5/F4/F3/F2/F1 CLE Requirement: 12 hours CLE within 2 years

3. F5/F4/F3 Experience Requirement: 1 year criminal practice

I have been in criminal practice for at least one year.

4. F3 Trial Experience Requirement: lead in 1 or co-counsel in 2 criminal jury trials within 6 years

Case Number	Court	Charges/Degree	Lead or Co-counsel?

5. F2 and F1 Experience Requirement: three years criminal practice

I have been in criminal practice for at least three years.

6. F2 and F1 Trial Experience Requirement: lead in 1 felony and lead in 1 other criminal jury trials OR lead in 1 felony and co-counsel in 2 criminal jury trials within 10 years

	Case Number	Court	Charges/Degree
Lead Felony			
Lead other			
OR			
Lead Felony			
Co-counsel 1			
Co-counsel 2			

7. Name of attorney I shadowed: _____

C) LIFE SENTENCE CASES

- I will accept Lead Trial appointments.
- I will accept Trial Co-Counsel appointments.
- I will sit unpaid 2nd chair to gain capital case experience.
- I will host another attorney to sit unpaid 2nd chair with me.

1. CLE Requirement: 12 hours within 2 years

2. Experience Requirement: five years criminal practice

- I have been in criminal practice for at least five years.

3. Trial Experience: lead in 5 felony jury trials (including 3 F1 or F2) OR lead in 3 felony jury trials (including 1 F3) and co-counsel in 3 jury trials (including 3 F1 or F2 within 10 years

	Case Number	Court	Charges/Degree
Lead F1 or F2			
Lead F1 or F2			
Lead F1 or F2			
Lead Felony			
Lead Felony			
OR			
Lead F3			
Lead Felony			
Lead Felony			
Co-counsel F1 or F2			
Co-counsel F1 or F2			
Co-counsel F1 or F2			

4. Name of attorney I shadowed: _____

D) DEATH SPECIFICATION CASES

- I will accept Lead Trial appointments.
- I will accept Trial Co-Counsel appointments.
- I will sit unpaid 2nd chair to gain capital case experience.
- I will host another attorney to sit unpaid 2nd chair with me.

1. CLE Requirement: 12 hours within 2 years
2. Experience Requirement: five years criminal practice

I have been in criminal practice for at least five years.

3. Trial Experience (Lead): **5 years criminal litigation experience;
AND lead for defense in 1 jury trial of a capital case or co-counsel in 2;
AND lead in 1 murder/aggravated murder jury trial within 10 years or 3
F1/F2 jury trials within 5 years**

	Case Number	Court	Charges/Degree
Lead in capital case			
OR			
Co-counsel capital case			
Co-counsel capital case			
AND			
Lead murder/agg. murder			
OR			
Lead F1 or F2			
Lead F1 or F2			
Lead F1 or F2			

4. Trial Experience (Co-Counsel): **3 years criminal litigation experience;**
AND co-counsel in one murder/agg. Murder jury trial within 10
years;
or lead in 1 F1/F2 jury trial within 5 years;
or experience as lead or co-counsel in two felony or civil jury
trials within 5 years

	Case Number	Court	Charges/Degree
Co-counsel in one murder/agg. Murder jury trial			
OR			
Lead in one F1/F2 jury trial			
OR			
Lead murder/agg. Murder			
OR			
lead or co-counsel in felony or civil jury trial			
lead or co-counsel in felony or civil jury trial			

5. Name of attorney I shadowed: _____

E) APPEALS

[View Appellate requirements here.](#)

- I will accept misdemeanors and 4th and 5th-degree felony appeals appointments.
- I will accept 3rd-degree felony appeals appointments.
- I will accept 1st and 2nd-degree felony appeals appointments.
- I will accept cumulative sentences of 25 years or more appeals appointments.
- I will sit unpaid 2nd chair to gain appellate experience.
- I will host another attorney to sit unpaid 2nd chair with me.

Please provide supporting case information such as the court, case number, charges, degree, and lead or co-counsel.

Name of attorney I shadowed: _____

F) SATURDAY APPOINTMENTS

(Require Monday court appearances)

I will accept Saturday appointments.

Please include a phone number where you can be reached on Saturdays: _____

CERTIFICATION

Required*

I certify that I am a licensed attorney, in good standing with the Supreme Court of Ohio, I am qualified as noted above to handle the representation of indigent defendants and I would like my name to appear on the current Summit County Criminal Appointed Counsel List. I acknowledge that I maintain professional liability (malpractice) insurance of at least \$100,000 per occurrence and \$300,000 in the aggregate.

I agree.

PLEASE COMPLETE THIS FORM, SAVE IT TO YOUR COMPUTER, THEN ATTACH IT TO AN EMAIL ADDRESSED TO INDIGENT@AKRONBAR.ORG, ALONG WITH YOUR CLE TRANSCRIPT, INSURANCE DECLARATION, AND PHOTOGRAPH.