



Ohio Second District Court of Appeals Appellate Appointed Counsel Attorney Application

Name:	Attorney Registration No.:
Address:	Email:
Phone Number(s):	Fax No.:
Date Admitted to the Ohio Bar:	If unavailable, who can accept appointments for you?

Appointment Types

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Criminal 1st & 2nd Degree Felony | <input type="checkbox"/> Juvenile 1st & 2nd Degree Felony |
| <input type="checkbox"/> Criminal 3rd Degree Felony | <input type="checkbox"/> Juvenile Misdemeanor, 3rd, 4th & 5th Felony |
| <input type="checkbox"/> Criminal Misdemeanor, 4th & 5th Felony | <input type="checkbox"/> Juvenile Dependent/Abused/Neglected |
| <input type="checkbox"/> Death Penalty PCR (R.3.04 Certified) | <input type="checkbox"/> Custody/Termination Parental Rights |

Certification

I am a licensed Ohio attorney who is currently in good standing with the Ohio Supreme Court and agree to notify the Ohio Second District Court of Appeals, in writing, of any changes in personal or professional status that affect my ability or qualifications to serve as appointed counsel for indigent defendants. I understand the appointed counsel fee application packages must be submitted within 30 days of the resolution of the appeal.

Signature

Date

Email applications to: McVeyJ@mcOhio.org or

Mail Applications to: Appointed Counsel Coordinator
Ohio Second District Court of Appeals,
41 N. Perry St, Room 515, Dayton, Ohio, 45422