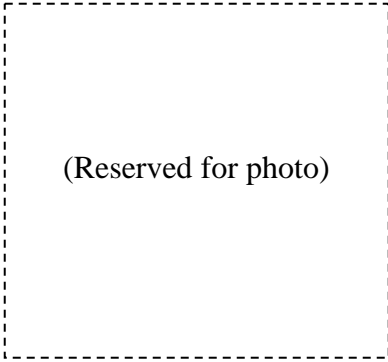


**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

APPOINTMENT OF APPELLATE COUNSEL APPLICATION



Name: _____

Attorney Registration No.: _____

Local Office Address: _____
Street

_____ City State Zip

Local Office Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Years in Practice of Law: _____

I hereby certify that:

I am a licensed Ohio attorney in good standing for at least one year.

I have practiced in the Franklin County Municipal Court within the past year.

I have practiced criminal/traffic law for _____ years and appellate law for _____ years.

I have experience as co-counsel on _____ criminal/traffic cases. I have experience as lead counsel on _____ criminal/traffic cases.

I have tried approximately _____ criminal/traffic jury trials.

I have written briefs for approximately _____ appeals.

Within the past two years, I have completed at least six (6) hours of continuing legal education in municipal court criminal practice and procedure.

I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Ohio Rules of Professional Conduct.

Signature

Date

A resume, certificate of CLE and Malpractice compliance (including declaration page and CLE transcript), and photo must be submitted with this application.