



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?
<u>Appointment Types</u> (Check all that apply)	
Cumulative Sentences of 25 years or more	Bindover and Serious Youthful Offender
Criminal 1 st & 2 nd Degree Felonies	Juvenile 1 st & 2 nd Degree Felonies
Criminal 3 rd Degree Felonies	Unruly, Truancy, Violation of Court Order, Misdemeanor, 3 rd , 4 th , & 5 th Degree Felonies
Criminal Misdemeanors, 4 th & 5 th Degree Felonies	Juvenile Dependent/Abused/Neglected
Death Penalty PCR (Appt.Coun.R.3.04 Certified)	Custody/Termination of Parental Rights
<u>Certification</u>	
<p>I am a licensed Ohio attorney who is currently in good standing with the Ohio Supreme Court. I am qualified to be appointed counsel for the types of cases I have indicated in this application pursuant to Ohio Administrative Code 120-1-10. I 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 as indicated in this application. I understand that I must submit a complete appointed counsel fee application packet within 30 days of the resolution of the appeal.</p>	
Signature _____	Date _____
Email applications to: or Mail applications to:	McVeyJ@mcoho.org Appointed Counsel Coordinator Ohio Second District Court of Appeals 41 N. Perry Street, Room 515, Dayton, Ohio 45422