MONTGOMERY COUNTY COMMON PLEAS COURT
GENERAL DIVISION
41 NORTH PERRY STREET
DAYTON, OHIO 45422

# APPLICATION FOR APPOINTED COUNSEL AND PRO BONO PROGRAMS

## APPLICANT INFORMATION

| | |
|---|---|
| **NAME:** | ***ATTORNEY REGISTRATION #:** |
| **FIRM NAME AND ADDRESS:** | ***TELEPHONE NUMBER(S):** |
| | **FAX NUMBER:** |
| | ***E-MAIL ADDRESS:** |
| **LAW SCHOOL ATTENDED:** | **ARE CLE CREDITS CURRENT?** ❑ YES ❑ NO |
| **DATE GRADUATED:** | **RULE 20 CERTIFIED?** ❑ YES ❑ NO |
| **DATE ADMITTED TO PRACTICE IN OHIO:** | **RULE 20 SEMINAR ATTENDED:** |
| **DATE ANNUAL DBA CRIMINAL LAW CERTIFICATION SEMINAR ATTENDED:** | **RULE 20 CERTIFICATION DATE:** |

## APPLICATION FOR

**APPOINTED COUNSEL PROGRAM**: ❑ FELONY 3-5 ❑ UPGRADE TO FELONY 1-5 ❑ RULE 20 ❑ APPEALS

❑ **PRO BONO/VOLUNTEER COUNSEL: I am willing to accept _____ Pro Bono cases annually.**

**If you are unavailable, can someone accept appointments for you?** ❑ YES ❑ NO If yes, who?

## REQUEST FOR UPGRADE

If you are requesting an upgrade, please complete the attached experience worksheet and provide at least three or more cases as support for your request.

❑ **I WOULD ALSO LIKE TO BE CONSIDERED FOR UNCLASSIFIED (NON-CAPITAL) CASE APPOINTMENTS.**

**OTHER RELEVANT EXPERIENCE OR TRAINING:**

I have reviewed the Qualifications, Regulations and Standards of the Ohio Public Defender's Commission and certify that I meet the mimimum requirements to be appointed to represent indigent defendants. I am willing to serve as counsel in accordance with and subject to all applicable rules, guidelines, and statutes that govern this process. I agree to notify the Court, in writing, of any changes in personal or professional status that would affect my ability or qualification to serve as appointed counsel for indigent defendants. I understand that Appointed Counsel Payment Packages must be submitted within (30) thirty days from filing of the termination entry and that each package must include an executed affidavit of indigency.

*Attorney Signature _____ Date _____

**Mail Application to:**
**Appointed Counsel Coordinator**
**Montgomery County Common Pleas Court**
**41 N. Perry Street, Room 038**
**Dayton, Ohio 45422**
**(OR) Fax to: 937-824-7962**

*indicates required fields

Revised 2/09

**Montgomery County Common Pleas Court**
**General Division**
**41 N. Perry St. P.O. Box 972**
**Dayton, OH 45422**

# APPLICATION FOR APPOINTED COUNSEL AND PRO BONO PROGRAMS
# EXPERIENCE WORKSHEET

Use this worksheet for cases that you have handled that should be considered by the court in evaluating your request for an upgrade.

| | | | | | DISPOSITON | | |
|---|---|---|---|---|---|---|---|
| Case # | Court | Case Name | Charge(s) | Felony Level | Plea | Jury Verdict | Case History (motions, hearings, decisions, disposition) |
| | | | | | ❑ | ❑ | |
| | | | | | ❑ | ❑ | |
| | | | | | ❑ | ❑ | |
| | | | | | ❑ | ❑ | |
| | | | | | ❑ | ❑ | |
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| | | | | | ❑ | ❑ | |