



Ohio Seventh District Court of Appeals Appellate Appointed Counsel Attorney Application

Name:	Attorney Registration No.:
Address:	Email:
Office Phone:	Cell Phone:
Fax:	Date admitted to the bar:

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: 3rd, 4th, 5th Degree Felony and Misdemeanor
<input type="checkbox"/> Criminal: 4th, 5th Degree Felony and Misdemeanor	<input type="checkbox"/> Juvenile: Dependent/Abuse/Neglect
<input type="checkbox"/> Criminal: unclassified Felonies (no death penalty imposed)	<input type="checkbox"/> Custody/Termination of Parental Rights
<input type="checkbox"/> Death Penalty charged or imposed (certified capital case attorney)	<input type="checkbox"/> Other (specify):

I am able to take appointments in the following counties:

Belmont Carroll Columbiana Harrison Jefferson Mahoning Monroe Noble

Certification

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. I agree to notify the Ohio Seventh 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, and that reimbursements and payments may be reduced or denied if the packet is submitted late.

Signature

Date

Mail this application to:

Attorney Beth Anne Aurilio, Court Administrator
Seventh District Court of Appeals
131 West Federal Street
Youngstown, Ohio 44503