

IN THE COURT OF APPEALS OF OHIO
SEVENTH APPELLATE DISTRICT
_____ COUNTY

STATE OF OHIO)
) Case No. _____
)
) Plaintiff-Appellee,)
)
) VS.)
) **MOTION TO APPOINT COUNSEL**
)
) _____)
) _____)
)
) Defendant(s)-Appellant(s).)

Now comes the appellant and requests the appointment of counsel. The appellant states that he/she is indigent as evidenced by the attached affidavit of indigency and unable to employ counsel.

Respectfully submitted,

Signature

Attorney for Appellant or Appellant's Name, Pro-se

Attorney's Ohio Registration Number

Address

Telephone & Fax Number & Email Address

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served by regular mail upon ____(NAME, ADDRESS, PHONE NUMBER AND FAX OF ALL OPPOSING COUNSEL OR PRO-SE LITIGANT) on this (DAY) day of (MONTH), 20_____.

Attorney for Appellant or Appellant's Name, Pro-se