

DEPENDENCY PANEL REGISTRATION FOR ADULT APPOINTMENTS

Please Print

Name: _____ Supreme Court No. _____ Year Admitted _____

Mailing Address: _____

Office Address: _____

Contacts: Office: _____ Fax: _____ Cell: _____

Email: _____ Home: _____

Number of Years of Practice _____ in Ohio:

I am willing and qualified to serve as a mentor to
other panel attorneys

Yes: _____ No: _____

I hereby agree to notify the Law Office of the Public Defender in writing of any change in my contact information, liability insurance, and/or in my personal or professional status that would affect my qualifications to serve as appointed counsel.

I understand that my participation as a panel attorney is at the discretion of the Public Defender. My participation may be terminated at any time. Any misrepresentation or undisclosed change to the following information may result in my immediate removal from the panel.

I hereby agree that pursuant to Regulation III (5) Insurance Compliance, that while accepting any appointed counsel assignments in the Juvenile Division of Hamilton County Court of Common Pleas that I will retain and maintain malpractice insurance of at least \$100,000.00 per occurrence and \$300,000.00 aggregate. Further, I agree to provide a copy of Insurance Declaration page to the Office each and every year. My current malpractice insurance carrier is: _____
Policy No.: _____.

The administration of the panel and assignment process is the responsibility of the Guardian ad Litem Division of the Hamilton County Public Defender's Office. I understand that panel assignments will be done on a rotation. Assignment of counsel is time sensitive and the Guardian ad Litem Division must comply with court imposed deadlines. All reasonable efforts will be made to distribute cases fairly and equally to all panel members.

I understand that the Law Office of the Hamilton County Public Defender is committed to providing indigent clients in Hamilton County with quality representation. Although the Public Defender's Office does not supervise the work of panel attorneys, they may receive complaints from clients, professionals and the court as the agency charged with the responsibility for making case assignments. As complaints are received, they may be referred to peer review or may be reviewed by Public Defender supervisory personnel. This may result in recommendations for additional training, assignment of a mentor, etc. I understand that if I do not comply with the recommendations of the peer process, I will be removed from the panel.

I have been provided a copy of and have read the Standards, Guidelines, and Regulations of the Law Office of the Hamilton County Public Defender and the Law Office of the Hamilton County Public Defender Policy for Dependency and Guardian Ad Litem Panel Attorneys and by my signature below do hereby agree to adhere to same.

Attached to this REGISTRATION, I am submitting the required documentation (see below)

- Copy of letterhead/lease verifying location of law office
- Copy of Continuing Legal Education (CLE) transcript indicating hours completed
- Copy of Insurance Policy Declarations page verifying amount and nature of professional liability insurance
- Copy of Attorney Registration Card, front and back, verifying current registration for active status with the Supreme Court of Ohio.

I wish to be on the following panel(s) for parent appointments on dependency cases

- Day One Schedule
- Day One/EO Call Rotation
- Guardian Ad Litem for Parents

1. Have you ever been disciplined or sanctioned by the Ohio Supreme Court or the governing court or bar association of any other state? Yes _____ No _____ If the answer is yes, please attach a detailed explanation of the proceedings and the outcome.

2. Have you served as an attorney for a parent or as a Guardian ad Litem for a parent in a dependency case within the last five years? If yes, approximately how many cases?

3. Please briefly describe your qualifications to serve as an attorney for a parent or as a Guardian ad Litem for a parent in Hamilton County Juvenile Court.

4. Please briefly describe why you wish to serve as an attorney for a parent or a Guardian ad Litem for a parent in Hamilton County Juvenile Court.

5. Please briefly describe how you view the role of an attorney for a parent or as a Guardian ad Litem for a parent; give examples of strategies you would employ in effectively representing your client; and give examples of evidence or witnesses that might assist in making your case. Please include a description for both the role of parent's attorney and Guardian ad Litem for a parent if you are applying to serve in both capacities.

ALL REGISTRATIONS DUE IN OFFICE ON THE LAST BUSINESS DAY IN SEPTEMBER

Name (Please Print)

Signature

Date

Approved

Date