

LAW OFFICE OF THE HAMILTON COUNTY PUBLIC DEFENDER
Wm. Howard Taft Law Center, 2nd Floor, 230 East Ninth Street, Cincinnati,
OH 45202
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946-3707

REGISTRATION FOR JUVENILE APPELLATE PANEL

Please Print

Name: _____ Supreme Court No. _____ Year Admitted _____
Mailing Address: _____
Office Address: _____
Contacts: Office: _____ Fax: _____ Cell: _____
Email: _____ Home: _____

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.

I hereby agree that, pursuant to Regulation III (5) Insurance Compliance, while accepting any appointed counsel assignments in the Appellate Court, I will retain and maintain malpractice insurance of at least \$100,000 per occurrence and \$300,000 aggregate. Further, I agree to provide a copy of my Insurance Declaration page to the Office each and every year. My current malpractice insurance carrier is:

Carrier _____ Policy No.: _____.

EXPERIENCE

- (1) I have practiced juvenile appellate law in Hamilton County for _____ years and as a lawyer for a total of _____ years.
- (2) During the course of my legal career, I have obtained the following juvenile delinquency and/or juvenile appellate experience:

Please check all that apply.

- (1) Where the matter involves the appeal of a case where a child has been found to be unruly, truant, in violation of a court order, or delinquent by reason committing an act that would be a misdemeanor or a felony of the third, fourth or fifth degree, within two years prior to the appointment you have:**

_____ completed a minimum of nine hours of continuing legal education, certified by the Ohio Supreme Court commission on continuing legal education, in the areas of appellate practice and procedure and juvenile delinquency practice and procedure; or

_____ successfully completed a clinical education program focusing on appellate practice and procedure and a minimum of six hours of continuing legal education in the area of juvenile delinquency practice and procedure; or

_____ successfully completed a clinical education program focusing on juvenile delinquency practice and procedure and a minimum of six hours of continuing legal education in the area of appellate practice and procedure.

(2) Where the matter involves the appeal of a case where a child has been found to be delinquent by reason of committing an act that would be a felony of the first or second degree, within two years prior to the appointment you have:

_____ completed a minimum of twelve hours of continuing legal education, certified by the Ohio Supreme Court commission on continuing legal education, at least six of which must be in the area of juvenile delinquency practice, and at least six of which must be in the area of appellate practice; and

_____ At least two years of experience as an attorney practicing in the area of juvenile delinquency and appellate law; and

_____ Within six years preceding the appointment, filed appeals of three juvenile delinquency cases.

(3) Where the matter involves the appeal of a case transferred to common pleas court or a serious youth offender proceeding, you have:

_____ The requisite experience under this rule to handle the appeal of a juvenile case based upon the highest degree of the charge in the case; and

_____ The requisite experience under this rule to handle the appeal of an adult case based upon the highest degree felony charged; or

_____ Co-counsel who meets the adult-case training and experience requirements must also be appointed. (Co-counsel is defined as an attorney who is assisting lead counsel assigned to represent the defendant, who has entered an appearance in the matter, and who has actively participated in the presentation of the case up to and during trial.)

Based upon the forgoing, I believe that I am qualified and should be categorized for the following categories of juvenile appeals:

_____ violations of court order, misdemeanors, felonies of the third, fourth and fifth degrees.

_____ Felonies 1-2

_____ Bindover and serious youthful offender

*** Please attach a copy of a significant appellate brief written by the applicant within the last three years.**

I would like to participate in the mentoring program either as a mentor _____ or mentee _____.

I agree that if I receive an Entry Appointing Appellate Counsel that allows me to appeal to the First District Court of Appeals and, if necessary, to the Ohio Supreme Court, and I lose the appeal in the First District, I will continue the direct appeal to the Ohio Supreme Court after consultation with and approval by my client. I also agree that if I receive an Entry Appointing Appellate Counsel that allows me to appeal to the First District Court of Appeals only, and I lose the appeal in the First District, I will promptly notify my client of his/her right to appeal to the Ohio Supreme Court; the pertinent time limitations for that filing; and the fact that I will not be handling that appeal. Finally, I agree that if I receive an Entry Appointing Appellate Counsel that allows me to appeal to the First District

Court of Appeals only, should I win the appeal in the First District and the State of Ohio appeals to the Ohio Supreme Court, I will continue to represent my client in the Ohio Supreme Court by requesting that such Court appoint me to continue that direct appeal. **Please check:** I agree ____.

I understand that vouchers are to be submitted within **thirty days** of case termination. Failure to submit the voucher in a timely fashion will result in a 50% reduction in the fee. **Please check:** I understand ____.

I agree that every two years, I shall have a minimum of twelve CLE hours in juvenile delinquency practice and procedure, of which six of my CLE hours shall be concentrated in the area of appellate practice and procedures. **Please check:** I agree ____.

I am/have been the subject of an ethical grievance/disciplinary/contempt proceeding in connection to my professional license. Please check: True ____ False _____. If true, please attach a detailed explanation of the proceedings and outcome.

I agree to make myself available to have my picture taken to be maintained in an inter-office directory of panel and contract attorneys. **Please check:** I agree _____.

I have been provided a copy and have read the Standards, Guidelines, and Regulations of the Law Office of the Hamilton County Public Defender available online at www.hamiltoncountypd.org and hereby certify that I was admitted to the Bar in _____(year) and have practiced juvenile delinquency law for _____ years. Although in appellate practice it is difficult to personally interview clients who are often already transferred to the Ohio Department of Youth Services or the Ohio Department of Corrections by the time appellate counsel is appointed, I agree to immediately contact my client personally or by letter upon being appointed; and I agree to confer with them in person if possible, or by mail as often as necessary to effectively represent them in their appeal. **Please check:** I agree _____.

I have read and understand the Attorney Qualifications established for appointed counsel as set out O.A.C. 120-1-10 and agree that I am in compliance with the training and experience listed therein. **Please check:** I agree _____.

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.

Name (please print)

Signature

Date

Approved

Date

Qualified for:

_____ Violations of court order, misdemeanors, felonies of the third, fourth and fifth degrees.

_____ Felonies 1-2

_____ Bindover and serious youthful offender