

**Application for Inclusion on Felony/Misdemeanor Panels  
Please Print**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Supreme Court Number: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

College/University Attended, Year of Graduation: \_\_\_\_\_

Law School(s) Attended, Year of Graduation: \_\_\_\_\_

**Background in Criminal Law**

Have you ever served as a federal or state public defender? \_\_\_\_\_

Have you ever served as a federal or state prosecutor? \_\_\_\_\_

Have you ever served as a law clerk? \_\_\_\_\_

Years of private practice in criminal law? \_\_\_\_\_

Years of practice in criminal law in Hamilton County? \_\_\_\_\_

Are you certified to accept appointments in capital cases? If so, please indicate whether you are certified to be lead counsel or co-counsel:

\_\_\_\_\_  
\_\_\_\_\_

Are there any types of felony cases you have refused, or would refuse, to accept as an appointment?

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### **Criminal Trial Experience**

Please list the name and case number of the last three **felony jury trials** you personally handled:

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Please list the name and case number of the last three **felony bench trials** you personally handled:

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Have you ever been the subject of a disciplinary proceeding where the probable cause panel found probable cause to believe that you committed a disciplinary violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details:

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Have you ever been found to be ineffective in the representation of a client who you represented in either a retained or appointed capacity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the details and case caption:

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Please provide any other relevant experience that qualifies you to serve on the felony panel that you feel is not covered by the questions above:

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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, that while accepting any appointed counsel assignments in Common Pleas Court or Municipal Court that 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 Insurance Declaration page to the Office each and every year. My current malpractice insurance carrier is:

Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

\_\_\_\_\_ (initial) I understand that vouchers are to be submitted within 30 days of case termination and each voucher must be accompanied by an executed affidavit of indigency in order to receive payment. Failure to submit the voucher in a timely fashion will result in a 50% reduction of the fee.

\_\_\_\_\_ (initial) I understand and agree that once assigned a client charged with a felony, I shall remain counsel for that client on the felony(s) and any related misdemeanor. Should the Grand Jury return an indictment reducing the felony charge(s) to misdemeanor(s) I shall continue my representation

\_\_\_\_\_ (initial) I understand that if I am assigned a case wherein the Grand Jury returns an indictment and the indictment has raised the level of the case to status that exceeds my qualification I will report said fact to the Felony Director.

I am submitting the following required documentation (initial each):

Copy of letterhead/lease verifying location of law office \_\_\_\_\_

Copy of 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 \_\_\_\_\_

\_\_\_\_\_ (initial) I have read, understand and agree to the Standards, Guidelines and Regulations for Panel Attorneys.

\_\_\_\_\_ (initial) I understand that continued participation on any panel shall be at the discretion of the Public Defender, Deputy Public Defender or appropriate Division Director within the Law Office of the Hamilton County Public Defender.

\_\_\_\_\_ (initial) 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 there in.

I want to be placed on the Misdemeanor Panel and I am willing to accept misdemeanor appointments in conflict cases and in Room A as needed: Y \_\_\_\_\_ N \_\_\_\_\_

**If you are EITHER 1) not a member of the felony panel OR 2) would like to seek a change in categorization, please fill out the rest of this form:**

I am currently a member of the Public Defender’s panel (Y/N): \_\_\_\_\_

I am currently qualified and categorized to represent: \_\_\_\_\_

I would like to be considered for the following change: \_\_\_\_\_

During the past year I attended various seminars and/or represented various defendants, which I believe warrants my re-categorization. Please list the seminars attended and any significant cases involved in. Please note the seminar sponsor and the case name(s), case number(s), and degree of the offense(s)

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Please return to:  
[Kathryn Ancona]  
Hamilton County Public Defender  
230 East 9<sup>th</sup> St, Second Floor  
Cincinnati, OH 45202