LAW OFFICE OF THE HAMILTON COUNTY PUBLIC DEFENDER
Wm. Howard Taft Law Center, 2nd Floor, 230 East Ninth Street, Cincinnati, OH 45202
Phone: 513-946-3700 Fax: 513-946-3707

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?

Criminal Trial Experience

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

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

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:

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:

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:

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_____

Verification of current active registration status with the Ohio Supreme Court.

_____ (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)