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

RE-CATEGORIZATION FOR APPELLATE PANEL

This registration for is to be used when seeking to change current registration status and/or current information such as address, e-mail address, or phone number.

Please Print

Name: _____ Supreme Court No. _____ Year Admitted _____

Mailing Address: _____

Office Address: _____

Contacts: Office: _____ Fax: _____ Cell: _____

Email: _____ Home: _____

I am currently a member of the Public Defender's Appellate Panel, and I am approved to represent defendants in appeals in the following cases:

Please check: ☐ Agg. Murder with Specifications (Capital); ☐ Other Homicides; ☐ Felonies 1-2; ☐ Felonies 3; ☐ Felonies 4-5; ☐ Misdemeanors.

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.: _____.

I have practiced criminal appellate law in Hamilton County _____ years and as a lawyer for a total of _____ for ____ years.

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 appeals in which you were involved. Please note the seminar(s)' sponsor(s); and the case name(s), case number(s), degree of the underlying offense(s), and how the underlying case was resolved, eg. jury trial, bench trial, or plea.

SEMINARS

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SIGNIFICANT TRIAL COURT CASES

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SIGNIFICANT APPELLATE COURT CASES

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

Based upon the foregoing, I believe that I am qualified and should be re-categorized to include all the following classifications.

Please check: ☐ Agg. Murder with Specifications (Capital); ☐ Other Homicides; ☐ Felonies 1-2; ☐ Felonies 3; ☐ Felonies 4-5; ☐ Misdemeanors.

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

I understand and agree that if I am assigned a case by a trial judge or the appellate court that exceeds my qualifications, I will report said fact to the Law Office of the Public Defender and request assistance. Please check: I agree ☐.

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 agree that I will maintain contact with trial counsel and keep them apprised of the progress of the appeal. When a decision is released by the Court of Appeals or the Ohio Supreme Court, I will provide trial counsel with a copy of the decision.

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 criminal practice and procedure, of which six of my CLE hours shall be concentrated in the area of criminal 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 criminal law for _____ years. Although in appellate practice it is difficult to personally interview clients who are often already transferred to the Ohio Department of Rehabilitation and 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 RE-CATEGORIZATION, 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.
- Verification of current active registration status with the Ohio Supreme Court.

_____
Name (please print)

_____ _____
Signature Date

_____ _____
Approved Date Qualified for: _____ _____

_____ _____

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