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

REGISTRATION FOR 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.: _____.

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

During the course of my legal career, I have obtained the following experience:

EXPERIENCE

Please check all that apply.

(1) I meet the qualification set forth in Rule 20 of the Ohio Supreme Court "Appointment of Counsel of Indigent Defendants in Capital Cases" and I am currently on the list of attorneys qualified for Aggravated Murder with Death Penalty Specifications as:

(1) Lead Counsel ☐ **(2) Co-counsel** ☐ **(3) Appellate** ☐

(☐) And at least five years of experience as a criminal appellate attorney, and within ten years proceeding appointment, handled ten or more appeals, five of which must be cases resolved by trial. Of those five cases, three must have been special felonies or felonies of the first or second degree.

(☐) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be appellate practice.

Please list the names and case numbers for your last ten appeals, the five appeals in cases resolved by trial, and the three of those five which were cases involving special felonies or felonies of the first or second degree:

_____

_____

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(2) Where the appeal involves convictions for murder or aggravated murder without specifications, I possess:

(☐) At least five years of experience as a criminal appellate attorney, and within ten years proceeding appointment, handled ten or more appeals, five of which must be cases resolved by trial. Of those five cases, three must have been special felonies or felonies of the first or second degree.

(☐) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be appellate practice.

Please list the names and case numbers for your last ten appeals, the five appeals in cases resolved by trial, and the three of those five which were cases involving special felonies or felonies of the first or second degree:

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(3) Where the appeal involves convictions for a felony of the first degree or second degree, I possess:

(☐) At least two years of experience as a criminal appellate attorney, and within ten years proceeding appointment, handled five or more appeals, three of which must be cases resolved by trial. Of those three cases, one must have been special felonies or felonies of the first or second degree.

(☐) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be appellate practice.

Please list the names and case numbers for your last five appeals, the three appeals in cases resolved by trial, and the one of those three which was a case involving special felonies or felonies of the first or second degree:

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(4) Where the appeal involves convictions for a felony of the third degree, I possess:

(☐) At least two years of experience as a criminal appellate attorney, and within six years proceeding appointment, handled three or more appeals, one of which must be a felony and have been resolved by trial.

(☐) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be appellate practice.

Please list the names and case numbers for your last three appeals, and at least one appeal resolved by trial which involved a felony:

_____

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(5) Where the appeal involves convictions for a felony of the fourth or fifth degree or a misdemeanor, I possess: (Please check all that apply)

(☐) At least one year of experience as a criminal attorney and at least one trial; or

(☐) Within two years of appointment, completed a training program on criminal appellate practice and procedure, certified for six hours of continuing legal education credit by the Ohio Supreme Court Commission on Continuing Legal Education and approved by the Ohio Public Defender; or

(☐) Within two years of appointment, completed a clinical legal education program focusing on criminal appellate practice.

(☐) If an appeal involves the charge of OVI I acknowledge that I have received a minimum of 6 hours of CLE focused on OVI practice and procedure.

Please list the name(s) and case number(s) for your most recent appeal(s), your most recent trial, and/or program(s) attended over the last two years:

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Exceptional circumstances: An attorney who does not meet the requirements of this rule may request an exemption for exceptional circumstances and, if approved, may proceed as being qualified. An attorney requesting such an exemption must submit to the Ohio Public Defender Commission materials that demonstrate that high quality, competent representation will be provided. The request and all supporting materials must be submitted at least two weeks prior to a regularly scheduled quarterly meeting of the Ohio Public Defender Commission. Applicants will be notified of the Commission's decision within two weeks after the Commission's meeting.

Based upon the foregoing, I believe I am qualified and should be categorized for the following categories of Appeals:

(☐) Aggravated Murder with Specifications (Capital)

(☐) Other Homicides (☐) Felonies 1-2 (☐) Felonies 3

(☐) Felonies 4-5 (☐) Misdemeanors

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

_____
Name (please print)

_____ _____
Signature Date

_____ _____
Approved Date Qualified for: _____ _____

_____ _____

_____ _____