

SUMMIT COUNTY JUVENILE COURT

APPLICATION TO BE PLACED ON

COURT APPOINTED COUNSEL LIST

Name: _____

Address: _____

Phone: (cell) _____

(office) _____

Fax: _____

Email: _____

Supreme Court Registration No: _____

Do you have Malpractice Insurance? Yes No

Have you previously served as Appointed Counsel in Juvenile Court? Yes No. If yes, please

list what court and when you served as appointed counsel: _____

I hereby request to be added to the Summit County Juvenile Court Appointed Counsel List for the following cases (check all that apply):

1. At the trial level for Delinquency, Bindover, SYO and Unruly matters based on my qualifications as set forth in the standards for court appointed counsel attached hereto.
2. At the appellate level based on my qualifications as set forth in the standards for court appointed counsel attached hereto.
3. For Abuse, Neglect and Dependency cases, representing (check all that apply):

Parent(s)

Child(ren) as attorney

Guardian ad Litem for parent

Guardian ad Litem for child(ren)

Interested parties who may qualify

By signing below, I certify that I am in good standing with the Ohio Supreme Court (registered, active status and no current disciplinary proceedings pending) and that I am qualified to represent juveniles and/or other parties in accordance with the qualifications set forth in the standards for court appointed counsel.

I also acknowledge that in order to continue to be eligible to receive court appointments in this Court, it is required that I update this application with any changes by December 31st of each year. I understand that my failure to update the Court with any changes to the information contained in this application on at least a yearly basis is grounds for immediate removal from the Court Appointed Counsel List.

I further acknowledge that I understand that cases are assigned on a rotating basis and that my failure to promptly respond to the contact from the Court regarding my availability to accept an appointed case will result in the case being assigned to other counsel.

Attorney Signature: _____ Date: _____

QUALIFICATIONS FOR COURT APPOINTED COUNSEL
(TRIAL LEVEL)

I hereby certify that I am qualified to handle the following cases as set forth in the standards for CourtAppointed Counsel as required by the Ohio Public Defender Commission as indicated by my initials:

Misdemeanor, Unruly and Truancy Cases (one of three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as I have completed at least 6 hours of CLE on delinquency practice and procedures OR have completed a clinical experience focused on juvenile law OR have been a licensed practicing attorney for more than 1 year.

3rd 4th and 5th degree Felonies (two qualifiers must be met)

I hereby certify that I am qualified to handle these cases as, in the last 2 years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than 1 year in the field of delinquency practice.

1st and 2nd degree Felonies (three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as, in the last 2 years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than 3 years in the field of delinquency practice AND have been lead counsel in at least 2 bench trials in juvenile court with at least one of those being a felony.

Murder/ Attempted Murder (three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as, in the last 2 years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than 3 years in the field of delinquency practice AND in the past 10 years have been lead counsel in at least 4 bench trials in juvenile court with at least 2 of those being a felony.

SYO and Bindover cases (three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as, in the last 2 years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than 2 years in the field of delinquency practice AND that I am qualified to represent the juvenile in adult court as I meet the standards of representation necessary for appointment by the adult court.

OVI offenses

I hereby certify that I am qualified to handle these cases as I have completed at least 6 hours of CLE focused on OVI practice and procedures.

Abuse, Neglect and Dependency cases (one of three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as I have completed at least 6 hours of CLE on abuse, neglect or dependency practice and procedures OR have completed a clinical experience focused on juvenile law OR have been a licensed practicing attorney for more than 1 year.

QUALIFICATIONS FOR COURT APPOINTED COUNSEL
(APPELLATE LEVEL)

I hereby certify that I am qualified to handle the following cases as set forth in the standards for Court Appointed Counsel as required by the Ohio Public Defender Commission as indicated by my initials:

3rd 4th and 5th degree Felonies (one of three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as I have completed at least 9 hours of CLE in the area of delinquency practice and procedures and appellate practice and procedure OR completed clinical education focused on juvenile delinquency and have done at least 6 hours of CLE on appellate practice and procedure OR have completed clinical education focused on appellate practice and procedure and have done at least 6 hours of CLE on juvenile delinquency.

1st and 2nd Felonies (three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as I have completed at least 12 hours of CLE with at least 6 hours in the area of delinquency practice and procedures and 6 hours on appellate practice and procedure in the past 2 years AND have at least 2 years experience in the practice of delinquency representation and appellate practice AND have filed at least 3 juvenile delinquency appeals in the last 6 years.

SYO and Bindover

I certify that I am qualified to handle both juvenile and adult appellate cases for the corresponding highest level of charged offense in the case being appealed.

Abuse, Neglect and Dependency cases (one of three qualifiers must be met)

I hereby certify that I am qualified to handle these cases as I have completed at least 9 hours of CLE in the area of abuse, neglect and dependency practice and procedure and appellate practice and procedure OR completed clinical education focused on of abuse, neglect and dependency practice and procedure and have done at least 6 hours of CLE on appellate practice and procedure OR have completed clinical education focused on appellate practice and procedure and have done at least 6 hours of CLE on abuse, neglect and dependency practice and procedure.