

ELEVENTH DISTRICT COURT OF APPEALS
COURT APPOINTED COUNSEL LIST FORM

Please include my name on the Court Appointed Counsel List for the Eleventh District Court of Appeals. I am in substantial compliance with the requirements of OAC Chapter 120-1 and will accept appointments in the following areas:

Criminal

Juvenile

Termination of Parental Rights

NAME _____

SUPREME COURT REGISTRATION NO. _____

ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

E-MAIL ADDRESS: _____

PREFERRED COUNTIES:

____Ashtabula

____Geauga

____Lake

____Portage

____Trumbull

CERTIFICATION:

I certify that I have reviewed Ohio Administrative Code 120-1-10, and I will accept appointments as provided by this section. I further agree to inform the Court if and when I am no longer in substantial compliance with OAC 120-1-10 for any category of appointments. I understand the court may require me to renew this certification periodically in order to remain eligible for court assignments.

(<http://codes.ohio.gov/oac/120-1-10v1>).

Attorney (Print Name)

Date

Signature

Please email the completed copy of this form to: lcireland@11thappealohio.us, or mail to her at:

Linda C. Ireland, Court Paralegal
Eleventh District Court of Appeals
111 High Street, N.E.
Warren, Ohio, 44481

Or return by fax: 330-675-2655.