

APPENDIX J (L.R. 5.04, fka 5.01B)

**APPLICATION FOR
APPROVAL AS INDIGENT CRIMINAL DEFENSE COUNSEL
BUTLER COUNTY COMMON PLEAS COURT**

Name _____

Butler County Business Address _____

(Location where you intend to confer with your clients; not a P.O. Box)

Preferred Mailing Address _____

Phone _____ Fax _____ Cell _____

E-mail _____ Attorney Registration # _____

Preferred contact individual (for case assignments) and individual's phone

List any formal post-law school training for criminal representation (including seminars). Include the year in which the formal training took place:

List any professional associations affiliated with, with regards to criminal defense:

Estimate the number of criminal defendants, along with the types of offenses, you have represented (we recognize that for some of you, this will be a very rough estimate). State if case went to evidentiary hearing (motion, court or jury trial, etc):

Do you have Supreme Court certification for capital cases? ____ Yes ____ No

Dates and location of training _____

What do you feel are your biggest strengths with regards to criminal defense?

What areas do you feel could use improvement with regards to your criminal defense abilities and what will you do to make those improvements?

Do you have current legal malpractice insurance? List company, policy number and expiration date of the policy. (Attach proof of insurance.)

Are you currently a member of the Butler County Bar Association? (Attach copy of Bar membership card.)

Signature _____

Return completed application to:

Manager of Court Administrative Services
Butler County Common Pleas Court
Government Services Center, Third Floor
315 High Street
Hamilton, Ohio 45011