

**APPENDIX J (L.R. 9.05)**

**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  
\_\_\_\_\_

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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 \_\_\_\_\_

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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.)

List any professional organizations for which you are currently a member:

Review and sign each of the appropriate Certification of Compliance with State Standards for Appointment of Counsel forms for which you are applying:

- \_\_\_\_ Capital Cases
- \_\_\_\_ Felony Cases
- \_\_\_\_ Appellate Cases
- \_\_\_\_ Misdemeanor Cases

Signature \_\_\_\_\_

Return completed application and all Certification of Compliance with State Standards for Appointment of Counsel forms to:

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

**BUTLER COUNTY COURT OF COMMON PLEAS**  
**Certification of Compliance with State Standards for**  
**Appointment of Counsel on Capital Cases**

By signing this certification, I represent that I am a licensed attorney in good standing with state requirements governing the legal profession. I am requesting to be considered for court appointments on capital cases. I understand the following standards must be complied with to obtain court appointments on capital cases pursuant to Revised Code Chapter 120, Ohio Administrative Code Section 120-1-10, and the Local Rules of Court.

\_\_\_\_\_ **All Attorneys** appointed to represent indigent clients in capital cases must meet the following requirements: (1) Must meet qualifications of Supreme Court Rules for Appointment of Counsel in Capital Cases (formerly Rule 20); and (2) Must appear on list of attorneys qualified to accept appointments in capital cases promulgated by the Commission on Appointment of Counsel in Capital Cases (formerly the Rule 20 Commission); or (3) Must have a waiver of pre-qualification issued by the Commission on Appointment of Counsel in Capital Cases (formerly the Rule 20 Commission).

\_\_\_\_\_ **Lead trial counsel:** (1) At least five years' criminal litigation and experience; and (2) Experience as lead counsel for the defense in jury trial of at least one capital case OR experience as co-counsel for the defense in jury trial of at least two capital cases; and (3) Within ten years preceding appointment, experience as lead counsel in jury trial of at least one murder or aggravated murder case OR within five years preceding appointment, experience as lead counsel in three aggravated or first or second degree felony jury trials.

\_\_\_\_\_ **Trial co-counsel:** (1) At least three years' of criminal litigation experience; and (2) Within ten years preceding appointment, experience as co-counsel in one murder or aggravated murder jury trial OR within five years preceding appointment, experience as lead counsel in one first or second degree felony jury trial OR within five years preceding appointment, experience as lead or co-counsel in at least two felony jury or civil jury trials.

By my signature, I certify that I have read and understand these requirements for appointment of counsel. I have checked where appropriate the capital categories for which I am eligible for appointment under these standards. I will notify the Court if an appointment is made in a category where I do not meet the above requirements. I understand I may be requested to document my qualifications for appointment. I have malpractice insurance.

_____	_____	_____
Date	Printed Name	Signature
Attorney Registration No. _____		Telephone _____

**BUTLER COUNTY COURT OF COMMON PLEAS**  
**Certification of Compliance with State Standards for**  
**Appointment of Counsel on Felony Cases**

By signing this certification, I represent that I am a licensed attorney in good standing with state requirements governing the legal profession. I am requesting to be considered for court appointments on felony cases. I understand the following standards must be complied with to obtain court appointments on felony cases pursuant to Revised Code Chapter 120, Ohio Administrative Code Section 120-1-10, and the Local Rules of Court.

\_\_\_\_\_ **All Attorneys** appointed to represent indigent clients in felony cases must meet the following requirements: Within two years prior to the appointment, minimum twelve hours of continuing legal education in criminal practice and procedure.

\_\_\_\_\_ **Felony OVI:** Minimum six hours of continuing legal education focused on OVI practice and procedure.

\_\_\_\_\_ **Fourth and fifth degree felony:** At least one year experience in criminal law.

\_\_\_\_\_ **Third degree felony:** (1) At least one year experience in criminal law; and (2) Within six years preceding appointment, experience as lead trial counsel in at least one criminal jury trial OR as co-counsel in at least two jury trials.

\_\_\_\_\_ **First and second degree felony:** (1) At least three years' experience in criminal law; and (2) Within ten years preceding the appointment, experience as lead trial counsel in two criminal jury trials, at least one of which involved felony charges OR as lead counsel in one felony jury trial and as co-counsel in two additional jury trials.

\_\_\_\_\_ **Life imprisonment felonies:** (1) At least five years' experience in criminal law; and (2) Within ten years preceding the appointment, experience as lead trial counsel in five felony jury trials, at least three of which involved felony charges of the first or second degree OR as lead counsel in three jury trials, at least one of which was a third degree felony and as co-counsel in five additional jury trials, at least three of which were first or second degree felonies.

By my signature, I certify that I have read and understand these requirements for appointment of counsel. I have checked where appropriate the felony categories for which I am eligible for appointment under these standards. I will notify the Court if an appointment is made in a category where I do not meet the above requirements. I understand I may be requested to document my qualifications for appointment. I have malpractice insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Attorney Registration No. \_\_\_\_\_ Telephone \_\_\_\_\_

**BUTLER COUNTY COURT OF COMMON PLEAS**  
**Certification of Compliance with State Standards for**  
**Appointment of Counsel on Appellate Cases**

By signing this certification, I represent that I am a licensed attorney in good standing with state requirements governing the legal profession. I am requesting to be considered for court appointments on appellate cases. I understand the following standards must be complied with to obtain court appointments on appellate cases pursuant to Revised Code Chapter 120, Ohio Administrative Code Section 120-1-10, and the Local Rules of Court.

\_\_\_\_\_ **Misdemeanors and fourth and fifth degree felony:** (1) Minimum six hours CLE in criminal or appellate practice and procedure OR Successful completion of clinical education program focusing on appellate practice; and (2) In lieu of required training, at least one year experience as an attorney.

\_\_\_\_\_ **Misdemeanor OVI:** Minimum six hours CLE focused on OVI practice and procedure.

\_\_\_\_\_ **Third degree felony:** (1) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be in appellate practice; and (2) At least one year experience as attorney practicing in appellate law; and (3) Within six years preceding appointment, filed appeals in three cases resolved by plea OR one appeal of a case resolved by trial.

\_\_\_\_\_ **First and second degree felony:** (1) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be in appellate practice; and (2) At least two years' experience as attorney practicing in appellate law; and (3) Within ten years preceding appointment, filed appeals in three cases resolved by trial.

\_\_\_\_\_ **Cumulative sentences of 25 years or more:** (1) Within two years prior to appointment, minimum 12 hours CLE in criminal practice and procedure, at least six of which must be in appellate practice; and (2) At least five years' experience as attorney practicing in appellate law; and (3) Within ten years preceding appointment, filed appeals in three cases resolved by trial.

By my signature, I certify that I have read and understand these requirements for appointment of counsel. I have checked where appropriate the appellate categories for which I am eligible for appointment under these standards. I will notify the Court if an appointment is made in a category where I do not meet the above requirements. I understand I may be requested to document my qualifications for appointment. I have malpractice insurance.

_____	_____	_____
Date	Printed Name	Signature
Attorney Registration No. _____		Telephone _____

**BUTLER COUNTY COURT OF COMMON PLEAS**  
**Certification of Compliance with State Standards for**  
**Appointment of Counsel on Misdemeanor Cases**

By signing this certification, I represent that I am a licensed attorney in good standing with state requirements governing the legal profession. I am requesting to be considered for court appointments on misdemeanor cases. I understand the following standards must be complied with to obtain court appointments on misdemeanor cases pursuant to Revised Code Chapter 120, Ohio Administrative Code Section 120-1-10, and the Local Rules of Court.

\_\_\_\_\_ **All Attorneys** appointed to represent indigent clients in misdemeanor cases must meet the following requirements: (1) Minimum six hours CLE in criminal practice and procedure OR Successful completion of a clinical education program focusing on criminal defense; and (2) In lieu of required training, at least one year experience as an attorney.

\_\_\_\_\_ **Misdemeanor OVI:** Minimum six hours CLE focused on OVI practice and procedure.

By my signature, I certify that I have read and understand these requirements for appointment of counsel. I have checked where appropriate the misdemeanor categories for which I am eligible for appointment under these standards. I will notify the Court if an appointment is made in a category where I do not meet the above requirements. I understand I may be requested to document my qualifications for appointment. I have malpractice insurance.

_____	_____	_____
Date	Printed Name	Signature
Attorney Registration No. _____		Telephone _____