

WILLOUGHBY MUNICIPAL COURT
COURT APPOINTED COUNSEL APPLICATION

Please include my name on the court-appointed counsel list. I will accept appointments in the following areas:

- OVI Misdemeanor OVI Felony Criminal Misdemeanor Appeals
- Criminal Felony 4th/5th Degree Criminal Felony 3rd Degree Criminal Felony 1st/2nd Degree
- Criminal Life Sentence Cases Criminal Death Specialization Mental Health Law Specialization

NAME _____

SUPREME COURT IDENTIFICATION NO. _____

ADDRESS _____

MOBILE PHONE NO. _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS: _____

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 I am not qualified within the OAC 120-1-10 to accept a certain category of appointments. (<http://codes.ohio.gov/oac/120-1-10>).

Attorney Name

Date

Signature

Please return the completed copy of this form to Samantha Birnbaum, Deputy Administrator, at 4000 Erie Street, Willoughby, Ohio 44094 or at birnbaums@willoughbycourt.com