

10/01/14

HAMILTON COUNTY PUBLIC DEFENDER COMMISSION **DATE** _____
Wm. Howard Taft Law Center, 2nd Floor, 230 East Ninth Street, Cincinnati, OH 45202
Phone: 513-946-3700 Fax: 513-946-3707

**JUVENILE PANEL ATTORNEY
REGISTRATION
Please Print**

Name: _____ Supreme Court No. _____ Year Admitted _____

Address: _____

Contacts: Office: _____ Fax: _____ Cell: _____

Email: _____ Home: _____

I hereby agree to notify the Law Office of the Public Defender in writing of any change in my contact information, liability insurance, and/or in my personal or professional status that would affect my qualifications to serve as appointed counsel.

I understand that my participation as a panel or contract attorney is at the discretion of the Public Defender. My participation may be terminated at any time. Any misrepresentation or undisclosed change to the following information may result in my immediate removal.

I hereby agree that pursuant to Regulation III (5) Insurance Compliance, that while accepting any appointed counsel assignments in Common Pleas Court, Juvenile Court, or Municipal Court that I will retain and maintain malpractice insurance of at least \$100,000 per occurrence and \$300,000 aggregate. Further, I agree to provide a copy of Insurance Declaration page to the Office each and every year. My current malpractice insurance carrier is: Carrier _____ Policy No.: _____

EXPERIENCE

Please discuss the following:

(1) Do you currently practice criminal law? If yes, how long, and in what counties?

(2) Have you represented juvenile in misdemeanor delinquency matters in Hamilton County Juvenile Court or other county courts? If yes, how long, what counties? What types of misdemeanor offenses?

(3) Have you represented juveniles charged with Felony 4 and 5 offenses? If yes, how long and for what types of offenses?

(4) Have you represented juveniles charged with Felony 3 offenses? If yes, how long and for what types of offenses?

(5) Have you represented juveniles charged with Felony 1 and 2 offenses? If yes, how long and for what type of offenses?

(6) Have you represented juveniles charged with Felony 1 and/or Felony 2 offenses, enhanced with firearm specifications? If yes, how long and for what types of offenses?

(7) Have you represented juveniles charged with murder offenses? If yes, please state the number of cases.

(8) I have had _____ trials in adult court and _____ trials in juvenile court.

(9) I have represented juveniles at approximately ___ bindovers.

(10) Are you familiar with Ohio Revised Code sections 2152.10, 2152.12 and Juv. R. 30. If not, are you willing to be mentored to gain the knowledge and experience?

(11) Have you represented juveniles charged with sex offenses? If yes, how long, what types of sex offenses, and on how many occasions?

(_____) I have conducted _____ JSOR hearings.

(_____) I have employed an expert to assist with these hearings. The expert(s) I used was/were:

() I have not conducted any JSOR hearings but am willing to attending training(s) to learn how to properly represent my clients in this regard.

(12) I have represented juveniles at competency hearings on approximately _____ occasions.

() I realize that HB 86 made significant changes to the competency statute

() I have employed an expert to assist with these hearings. The expert(s) I used was/were:

() I have not represented Juveniles on competency-related issues but am willing to attend training(s) to learn how to properly represent my clients in this regard.

(13) Are you familiar with O.R.C. 2152, the Ohio Juvenile Rules of Procedure and the local Hamilton County Juvenile Rules. If not, are you willing to attend trainings to gain such knowledge?

(14) Are you willing to attend in-house trainings as well as outside training that primarily focuses on Juvenile Law?

(15) Have you represented juveniles at SYO hearings?

(16) I have filed and argued the following types of motions on behalf of my juvenile client(s):

(17) I have filed and argued the following issues on objection to Magistrate's Decisions in Juvenile Court.

(18) I am willing to devote _____mornings a week SOLELY to juvenile court. (The purpose of this question is to determine interest for scheduling purposes. Inability to devote a morning solely to Juvenile Court will not automatically exclude participation in the panel.)

(19) I have also applied to be on the following Hamilton County Public Defender panels:

BASIC EXPECTATIONS FOR JUVENILE PANEL ATTORNEYS

1. Take cases/appointments as assigned and available. You cannot pick and choose the type of case(s) that you prefer. You cannot double book cases with other courts. If you deny appointment more than four times consecutively, you will be removed from the juvenile panel list.
2. You must visit the child before trial at either Youth Center at 2020 Auburn Ave. or at your office.
3. You must familiarize yourself with Juvenile Law- read Juvenile rules, R.C. 2152, and applicable case law (e.g., *Gault*, *Winship* *Roper*, *Graham*) as well as differences in sex offender registration laws.
4. You must familiarize yourself with, and inform child of collateral consequences.
5. Should HCPD put on a mandatory training regarding Juvenile Law, you will be expected to attend.
6. You must be punctual (and attend) every court appearance.
7. If you are ill or unable to attend a court appearance for a valid reason, contact the Hamilton County Public Defender's Court Specialist at (513)946-9491.
8. You must timely and accurately turn in and fill out vouchers.
9. If you must leave the panel and/or withdraw from active cases, you will return cases to the Juvenile Division Director for case reassignment.

I would like to participate in the mentoring program either as a mentor ____ or mentee _____. (Please check one)

I understand that vouchers are to be submitted 30 days of case termination and that each voucher must be accompanied by an executed affidavit of indigency in order to receive payment. Failure to submit the voucher in timely fashion will result in a 50% reduction in the fee. Please initial indicating your understanding _____

I am/have been the subject of an ethical grievance/disciplinary/contempt proceeding in connection to my professional license. Please check: True _____ False _____. If true please attach a detailed explanation of the proceedings and outcome.

I agree to make myself available to have my picture taken to be maintained in an inter-office directory of panel and contract attorneys. Please initial indicating your agreement: _____

I have been provided a copy and have read the Standards, Guidelines, and Regulations of the Law Office of the Hamilton County Public Defender and by my signature below do hereby agree to adhere to same.

Attached to this REGISTRATION, I am submitting the required documentation (see below)

- Copy of letterhead/lease verifying location of law office
- Copy of Continuing Legal Education (CLE) transcript indicating hours completed
- Copy of Insurance Policy Declarations page verifying amount and nature of professional liability insurance
- Copy of Attorney Registration Card, front and back, verifying current registration for active status with the Supreme Court of Ohio.

Name (please print)

(Signature)

(Date)

(Approved)

(Date)

Qualified for: _____
