

**RE-CATEGORIZATION FOR APPELLATE PANEL**

**This registration form is to be used when seeking to change current registration status and/or current information such as address, e-mail address, or phone number.**

**Please Print**

Name: \_\_\_\_\_ Supreme Court No. \_\_\_\_\_ Year Admitted \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contacts: Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Home: \_\_\_\_\_

**EXPERIENCE**

I am currently a member of the Public Defender's Appellate Panel, and I am qualified and categorized to represent defendants in appeals in the following cases:

Please circle: (A) Agg. Murder with Specifications (Capital); (B) Other Homicides; (C) Felonies 1-2; (D) Felonies 3; (E) Felonies 4-5; (F) Misdemeanors

During the past year, I attended various seminars and/or represented various defendants, which I believe warrants my re-categorization. Please list the seminars attended and any significant appeals in which you were involved. Please note the seminar(s)' sponsor(s); and the case name(s), case number(s), degree of the underlying offense(s), and how the underlying case was resolved, eg. jury trial, bench trial, or plea.

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## QUALIFICATIONS

- 1) **Based upon the foregoing, I believe that I am qualified and should be re-categorized to include the following classifications.**

Please circle ONLY those areas you wish to add to your categorization list.

(A) Agg. Murder with Specifications (Capital); (B) Other Homicides; (C) Felonies 1-2; (D) Felonies 3; (E) Felonies 4-5; (E) Misdemeanors.

- 2) I agree to notify the Law Office of the Public Defender in writing of any change in my personal or professional status that would affect my qualifications to serve as appointed counsel.
- 3) I agree that if I receive an Entry Appointing Appellate Counsel that allows me to appeal to the First District Court of Appeals **and**, if necessary, to the Ohio Supreme Court, and I lose the appeal in the First District, I will continue the direct appeal to the Ohio Supreme Court after consultation with and approval by my client. I also agree that if I receive an Entry Appointing Appellate Counsel that allows me to appeal to the First District Court of Appeals **only**, and I lose the appeal in the First District, I will promptly notify my client of his/her right to appeal to the Ohio Supreme Court; the pertinent time limitations for that filing; and the fact that I will not be handling that appeal. Please check: I agree \_\_\_\_.
- 4) I understand that vouchers are to be submitted within thirty days of case termination. Failure to submit the voucher in a timely fashion will result in a 50% reduction of the fee.
- 5) I would like to participate in the mentoring program either as a mentor \_\_\_\_\_ or mentee \_\_\_\_\_. (Check one)
- 6) I am/have been the subject of an ethical grievance/disciplinary and/or contempt proceeding in connection to my professional license. Please check: True \_\_\_\_ False \_\_\_\_\_. If True, please attach a detailed explanation of the proceedings and outcome.
- 7) Attached to this RE-CATEGORIZATION, 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; in every two-year reporting period, a minimum of twelve CLE hours must be concentrated in criminal practice and procedures, of which six CLE hours must be concentrated in criminal appellate practice.
  - 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.
- 8) I have read, understand and agree to the Standards, Guidelines and Regulations for Panel Attorneys of the Law Office of the Hamilton County Public Defender which are available online at [www.hamiltoncountypd.org](http://www.hamiltoncountypd.org) and hereby certify that I was admitted to the Bar in \_\_\_\_ (year) and have practiced criminal law for \_\_\_\_\_ years. Although in appellate practice it is difficult to personally interview clients who are often already transferred to the Ohio Department of Rehabilitation and Corrections by the time appellate counsel is appointed, I agree to immediately contact my client personally or by letter upon being appointed; and I agree to confer with them in person if possible, or by mail as often as necessary to effectively represent them in their appeal. Please check: I agree \_\_\_\_.

9) I understand that continued participation on any panel shall be at the discretion of the Public Defender, Deputy Public Defender, or appropriate Division Director within the Law Office of the Hamilton County Public Defender.

10) I have read and understand the Attorney Qualifications established for appointed counsel as set out O.A.C. 120-1-10 and agree that I am in compliance with the training and experience listed there in.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(APPROVAL)

\_\_\_\_\_  
(Date)