

RENEWAL FOR APPELLATE PANEL

This registration form is to be used when seeking only to renew current registration status and current information including 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 wish to continue 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.

Attached to this RENEWAL, 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.

- 1) 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.
- 2) 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 _____ 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 _____.

- 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 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.
- 6) 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)

