

RENEWAL FOR FELONY AND MISDEMEANOR PANELS

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 Felony and/or Misdemeanor panel and I wish to continue to represent defendants in:

Please circle: (A) Agg. Murder with Specs. Lead Counsel and/or Co-counsel; (B) Other Homicides; (C) Felonies 1-3; (D) Felonies 4-5; (E) 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
- 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 understand that assignments in Room A are on an on-call basis and may be made the morning of the appointment with a few hours' notice.
- 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 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 www.hamiltoncountypd.org and hereby certify that I was admitted to the Bar in _____ (year) and have practiced criminal law for _____ years.
- 4) I understand that vouchers are to be submitted within 30 days of case termination and each voucher must be accompanied by an executed affidavit of indigency in order to receive payment. 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)