

RE-CATEGORIZATION FOR FELONY AND MISDEMEANOR PANELS

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 panel and I am qualified and categorized 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

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 cases involved in. Please note the seminars sponsor and the case name(s), case number(s), degree of the offense(s) and trial Judge(s).

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 Specs. Lead Counsel and/or Co-counsel; (B) Other Homicides;
- (C) Felonies 1-3; (D) Felonies 4-5; (E) Misdemeanors

- 2) I do do not (please check one) want to be included on the felony panel.
- 3) I do do not (please check one) want to be placed on the Misdemeanor Panel and I am willing to accept misdemeanor appointments in conflict cases and in Room A as needed.

- 4) 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.
- 5) Further, I understand that if I am assigned a case wherein the Grand Jury returns an indictment and the indictment has raised the level of the case to status that exceeds my qualification I will report said fact to the Office of the Public Defender and request assistance. **Please check: I agree _____**
- 6) 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.
- 7) I would like to participate in the mentoring program either as a mentor _____ or mentee ____ (Check one)
- 8) I understand and agree that once assigned a client charged with a felony, I shall remain counsel for that client on the felony(s) and any related misdemeanor. Should the Grand Jury return an indictment reducing the felony charge(s) to misdemeanor(s) I shall continue my representation.
Please check: I agree _____
- 9) 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.
- 10) 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.
- 11) I have read, understand and agree to the Standards, Guidelines and Regulations for Panel Attorneys.
- 12) 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.
- 13) 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)