LORAIN COUNTY JUVENILE COURT

APPLICATION TO BE PLACED ON APPOINTED COUNSEL LIST

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website (if applicable):

Month/Year licensed in Ohio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Malpractice Insurance? Yes / No

I hereby request to be added to the Juvenile Court Assigned Counsel List (check all that apply):

\_\_\_\_\_ at the trial level for delinquency/bindover/SYO/unruly matters at the qualification level attached.

\_\_\_\_\_ at the appellate level at the qualification level attached.

\_\_\_\_\_for abuse, dependency or neglect cases, representing (check all that apply):

 \_\_\_\_\_ Parent(s)

 \_\_\_\_\_ Child(ren) as Atty

 \_\_\_\_\_ Interested Third Parties who may be qualified

Attach a copy of CLE transcript(s) with this Application and/or supporting documentation evidencing qualifications for level(s) indicated in the attached sheets.

By signing below, I certify that I am qualified to represent juveniles at the level(s) indicated. I also acknowledge that it is my responsibility to update this certification with the Court by Dec. 31st of each year:

Signature of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request to be added to the Juvenile Court Assigned Counsel List at the trial level. I hereby certified that I am qualified to handle the following cases as set forth of the standards for court appointed counsel as follows as indicated by my initials:

\_\_\_\_\_ **Misdemeanor, Unruly, and Truancy Cases** (one of three qualifiers)

 I hereby certify that I am qualified as I have completed at least six hours of CLE on delinquency practice and procedures OR have completed a clinical experience focused on juvenile law OR have been a licensed practicing attorney for more than one year.

\_\_\_\_ **OVI cases**

 I certify that I have completed at least six hours of CLE focused on OVI practice and procedures.

\_\_\_\_ **3rd 4th and 5th degree Felonies** (two qualifiers)

 I certify that in the last two years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than one year in practicing in the field of delinquency practice.

\_\_\_\_\_ **1st and 2nd degree felonies** (three qualifiers)

 I certify that in the last two years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than three years in practicing in the field of delinquency practice AND have been lead counsel in at least two bench trials in juvenile court with at least one of those being a felony.

\_\_\_\_\_ **Murder / Attempted Murder** (three qualifiers)

 I certify that in the last two years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than three years in the field of delinquency practice AND in the past ten years have been lead counsel in at least four bench trials in juvenile court with at least two of those being a felony.

\_\_\_\_\_\_ **SYO and Bindover Cases** (three qualifiers)

 I certify that in the last two years, I have completed at least 12 hours of CLE in the area of criminal practice with a minimum of 6 hours in the area of delinquency practice AND have been practicing for more than two years in practicing in the field of delinquency practice AND that I am qualified to represent the juvenile in adult court by meeting the standards of representation necessary for said appointment by the adult court.

I hereby request to be added to the Juvenile Court Assigned Counsel List at the appellate level. I hereby certified that I am qualified to handle the following cases as set forth of the standards for court appointed counsel as follows:

**\_\_\_\_\_\_ 3rd 4th 5th degree Felonies and Misdemeanor Cases on Appeal** (one of three qualifiers)

 I hereby certify that I am qualified for this level of cases as I have completed at least 9 hours of CLE on delinquency practice and procedures and appellate practice and procedure OR completed clinical education focused on juvenile delinquency and have done at least 6 hours of CLE on appellate practice and procedure OR have completed clinical education focused on appellate practice and procedure and have done at least 6 hours of CLE on juvenile delinquency

\_\_\_\_\_\_ **1st and 2nd degree Felonies on appeal** (three qualifiers)

 I hereby certify that I am qualified for this level of cases as I have completed at least 12 hours of CLE with at least 6 hours on delinquency practice and procedures and 6 hours on appellate practice and procedure in the past two years AND have at least two years experience in the practice of delinquency representation and appellate practice AND have filed at least three juvenile delinquency appeals in the last six years.

\_\_\_\_\_ **SYO and Bindover appeals qualified assertion**

 I certify that I am qualified to handle both juvenile and adult appellate matters for the corresponding highest level of charged offense in the matter being appealed.

\_\_\_\_\_\_ **Abuse, Dependency or Neglect**