

APPENDIX OF FORMS AND TEMPLATES

PLEASE NOTE: These forms and templates are also available in editable format on the Court's website.

Community Control Documents

1. Application for Community Control
2. Intervention in Lieu of Conviction Guidance

Self-Represented Litigant Forms

1. Application to Seal Record of Conviction
2. Application to Seal Record of Dismissal
3. Answer to Civil Complaint
4. Motion for Extension of Time to Respond to Complaint

Appellate Templates

3. Praecipe to the Court Reporter
4. Motion for Court-Appointed Counsel
5. Proposed Order Regarding Court-Appointed Counsel
6. Motion for Extension of Time to File Transcript (First 80 Days)
7. Proposed Order Regarding Extension of Time
8. Motion for Transcript at State's Expense (Indigent Defendant)
9. Proposed Order Regarding Preparation of Transcript

Judicial Release Templates

1. Praecipe to the Clerk
2. Warrant to Remove
3. Proposed Entry Scheduling Judicial Release Hearing

Court-Appointed Counsel Forms

1. Application for Placement on Court's Appointment List

Civil Forms

1. Civil Information Sheet

COURT OF COMMON PLEAS FAIRFIELD COUNTY, OHIO
GENERAL DIVISION
COMMUNITY CONTROL APPLICATION
PRE-SENTENCE INVESTIGATION
INTERVIEW QUESTIONNAIRE

ATTENTION : _____
(NAME)

In order to prepare its pre-sentence investigation, the Fairfield County Community Control Department is requesting information about you, your case, and your background. Please fill out this questionnaire as completely and honestly as possible. The information you provide will be verified to determine if it is truthful and accurate. A Pre-Sentence Investigator will review this form with you, and may ask additional questions or request additional information at a later time, prior to sentencing.

An interview has been scheduled for you on _____, at _____.
(Date) (Time)

This interview will be with _____.
(Disregard above if a date and time are not indicated hereon)

Honorable Richard E. Berens Honorable David A. Trimmer

Fairfield County Common Pleas Court:

224 E. Main Street Room #101 - Lancaster, Ohio 43130

Revised 01/13/17

PLEASE PRINT WITH BLUE OR BLACK INK.

Name: _____

Address: _____

Phone Number: _____

Race: ☐ White ☐ Asian ☐ Black/African American

(Check One) ☐ American Indian ☐ Bi-Racial

☐ Hawaiian/Pacific Islander

(For record keeping purposes only)

DOB: _____

Age: _____

SSN: _____

Sex: ☐ Male ☐ Female

Height: _____ Weight: _____

Eyes: _____ Hair: _____

Scars/Marks/Tattoos/Piercings:

Highest Grade Completed: _____

School Attended: _____

Are You a US Citizen: ☐ Yes ☐ No

If No, Country of Citizenship: _____

Place of Birth (City, State): _____

Criminal History

List any previous charges/convictions:

<u>Date</u>	<u>Charge</u>	<u>Court</u>	<u>Disposition</u>
-------------	---------------	--------------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been on probation/community control? ☐ Yes ☐ No

If yes, please give the details of the offense.

<u>Date</u>	<u>Charge</u>	<u>Violations</u>	<u>Successful Completion Y/N</u>
-------------	---------------	-------------------	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any pending (outstanding) criminal charges against you at this time for which you have not been sentenced? If so, list:

Social History

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ Single

Significant Others Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Father's Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Mother's Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Siblings Name: _____
Age: _____ Occupation: _____
Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: ☐ Yes ☐ No

If Yes, list charges/convictions:

Children:

<u>Name</u>	<u>Age</u>	<u>Reside with you (Y/N)</u>
-------------	------------	------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you now, or have you been, affiliated with a gang? ☐ Yes ☐ No

If Yes, list type of affiliation:

With whom do you live? ☐ Self ☐ Family ☐ Friends ☐ Roommates

☐ Other: _____

Do You? ☐ Rent ☐ Own ☐ Rent Free

Military History: ☐ Yes ☐ No

Branch of Service: _____

Length of Service: _____

Type of Discharge: _____

Rank at Discharge: _____

Employment

(Time of Offense)

Employment Status: _____

Employer: _____

Wage: _____

Time with Employer: _____

(Current)

Employment Status: _____

Employer: _____

Wage: _____

Time with Employer: _____

[illegible]

Current Mental/Physical Status: ☐ Good ☐ Fair ☐ Poor ☐ Disabled

Medical Conditions

Condition Began (Date)

<u>Name of Medicine</u>	<u>Dosage</u>	<u>How Often</u>	<u>Doctor</u>

<u>Date of attempt</u>	<u>Method Attempted</u>

Counseling:

Have you ever undergone counseling for Drug or Alcohol Addiction and/or abuse or dependency or for Mental Health?

☐ Yes ☐ No ☐ Currently in Counseling

Please detail the type of counseling received, location obtained, and the results of the counseling.

Please check all illnesses you have received a clinical diagnoses from a licensed practitioner.

☐ Major Depression ☐ Borderline Personality Disorder ☐ Post-Traumatic Stress Disorder

☐ Schizophrenia ☐ Bipolar Disorder ☐ Anxiety Disorder ☐ Schizoaffective Disorder

☐ HIV/Aids ☐ Hepatitis A, B, or C ☐ MRSA ☐ Tuberculosis ☐ Sexually Transmitted Diseases

☐ Other _____ ☐ None

Substance Abuse:

Do you feel that you currently have a problem with substance abuse?

☐ Yes ☐ No

Do you feel that you need help with substance abuse?

☐ Yes ☐ No

Has a friend or family member ever asked you to get help with your substance abuse? ☐ Yes ☐ No


Substance	Age 1st Use		Frequency		Method(s) of Use	Date of Last Use	Use at time of Offense (Y/N)
		Past	Current	Heaviest			
Alcohol							
Marijuana							
Ecstasy							
LSD							
Cocaine (Powder)							
Cocaine (Crack)							
Methamphetamine							
Heroin							
Inhalants							
Bath Salts							
K2							
Others							

Prescriptions- Only indicate if abused							
Tramadol							
Amphetamine							
Opiates							
Suboxone							
Other							

Community Control Expectations:

In your opinion, why should the court order that your sentence be suspended and that you be placed on Community Control?

What specific areas of your life need attention or help that community control can provide to you?

 **Stop here if you have not plead guilty or been found guilty in your case, and proceed to page 11 of the application and complete the Authorization for Release of Information.**

Offense:

Describe, in your own words, your crime or offense, include any reason you had for committing the crime or offense and how you feel about what you did.

[illegible]

Fairfield County Common Pleas Court
General Division
224 E. Main St.
Lancaster, Ohio 43130
Authorization for Release of Information

I, _____, Date of Birth, _____, Social Security Number _____, hereby give my consent to an investigation of my background and current circumstances conducted by Community Control Officers of the Fairfield County Common Pleas Court. In addition, I hereby authorize the release of any/all records, including, but not limited to, records held by Juvenile Court (including any sealed records), Children's Services, Department of Job and Family Services, The Recovery Center, Mid-Ohio Counseling Center, New Horizons Youth and Family Center, Buckeye Counseling Services, The Community Transitions Center, Fairfield County Child Support Enforcement Agency, The Social Security Administration, and the following additional agencies:

Purpose or need for disclosure: To provide information to the court for the purpose of obtaining information that will be useful in determining whether I am a repeat offender and/or eligible for community control, or: To provide information on program participation, evaluation of social, medical, psychological problems, and reports on evaluations, findings, prognosis, and recommendations for treatment. This is reciprocal release allows the Fairfield County Common Pleas Court Community Control Department to release information to the above mentioned parties.

By consenting to this investigation (for Community Control Application Only) and authorizing release of records, I do not admit guilt or waive any rights. I fully understand, however, that any report prepared as a result of this investigation will be submitted to the Court.

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) expires upon the completion of client/patient's term of probation on _____.

I hereby state that I have read and fully understand the above.

X _____
(Signature of Client or Person Authorized to Consent)

Witness _____

Date Signed _____

FAIRFIELD COUNTY COMMON PLEAS COURT
224 EAST MAIN STREET, LANCASTER, OH

INTERVENTION IN LIEU OF CONVICTION INFORMATION

During the course of your court case, the Judge has ordered that you need to have an ILC (Intervention in Lieu) Assessment as soon as possible. If it **your responsibility** to schedule your appointment with a provider. Be aware that there are different types of assessments and you need to be clear with your provider which assessment you need. There are Mental Health ILC Assessments and Substance Abuse ILC Assessments. Please be clear with your provider as to which you need. You should **do this as soon as the Judge orders it**, because there could be a waiting list for appointments, and your Assessment needs to be done at least one week prior to your ILC Hearing. If you don't schedule your appointment in time or you miss your appointment, you need to immediately contact your attorney because the Court cannot proceed without an Assessment.

Below is a list of agencies that have provided ILC Assessments for the Court. You may obtain an assessment from a provider that is not listed below, but please check with your attorney and the Community Control Department first, to make sure that it is an acceptable provider. ILC Assessments usually cost around \$200.00. You can also ask your provider about coverage through any insurance.

Example Request: *"Hello, my name is _____. I was ordered by Judge _____ at the Fairfield County Common Pleas Court to get a _____ ILC Assessment. I need this appointment as soon as possible due to my upcoming court date and the Court needs it one week prior. Is this assessment covered by my insurance?"*

Please Note: No matter where you obtain your Assessment, you will need to fill out a "Release of Information" to allow the provider to the Court access to your records so it can evaluate your request for ILC. Your provider should provide you this form, but if they do not, please ask for one.

Fairfield County Common Pleas Approved Intervention in Lieu Assessment Providers

Buckeye Counseling	117 West Main Street, Suite 107 Lancaster, Ohio 43130	740-689-1890	https://www.buckeyecounselinglanaster.com/about-us.html
Mid-Ohio Psychological Services	624 East Main Street Lancaster, Ohio 43130	740-687-0042	http://mopsohio.com/about-mops/mops-offices/fairfield-county-office/
New Horizons (Lancaster)	1592 Granville Pike Lancaster, Ohio 43130	740-687-0835	http://www.newhorizonsmentalhealth.org/
	2652 Kull Road Lancaster, Ohio 43130	740-277-6733	
New Horizons (Pickerington)	437 Hill Road North Pickerington, Ohio 43147	614-834-1919	http://newhorizonsmentalhealth.org/
The Recovery Center	201 South Columbus Street Lancaster, Ohio 43130	740-687-4500	http://www.therecoverycenter.org/

If you have any questions regarding the ILC Assessment process or agencies, please contact your attorney first and they will answer your question(s). If your attorney has further questions, he or she can contact the Director of Community Control for clarification and direction.

IN THE COMMON PLEAS COURT OF FAIRFIELD COUNTY, OHIO

224 E. MAIN ST., LANCASTER, OH 43130

_____	:	
_____	:	Case No. _____
	:	
v.	:	Judge _____
	:	
_____	:	ANSWER (SELF-REPRESENTED)

My name is _____, and I have been named as a defendant in this case. In response to the complaint filed against me, I:

- ☐ Admit the allegations in paragraph numbers _____ of the complaint.
- ☐ Deny the allegations in paragraph numbers _____ of the complaint.
- ☐ Do not have sufficient knowledge to either admit or deny the allegations in paragraph numbers _____ of the complaint.

Additional Comments to the Court:

Signature:

Name:

Address:

Phone Number:

CERTIFICATE OF SERVICE

As required by the Ohio Rules of Civil Procedure, I have sent a copy of my answer to the attorney for the plaintiff who filed the complaint.

Signature:

IN THE COMMON PLEAS COURT OF FAIRFIELD COUNTY, OHIO

224 E. MAIN ST., LANCASTER, OH 43130

_____	:	
_____	:	Case No. _____
_____	:	
v.	:	Judge _____
_____	:	
_____	:	MOTION FOR EXTENSION OF TIME TO RESPOND (SELF-REPRESENTED)

My name is _____, and I have been named as a defendant in this case. I am asking for an extension of _____ days to file a response to the complaint filed against me for the following reasons:

Signature:

Name:

Address:

Phone Number:

CERTIFICATE OF SERVICE

As required by the Ohio Rules of Civil Procedure, I have sent a copy of my answer to the attorney for the plaintiff who filed the complaint.

Signature:

**IN THE COURT OF COMMON PLEAS
FAIRFIELD COUNTY, OHIO**

STATE OF OHIO

Plaintiff

vs.

Defendant

:
:
:
:
:
:
:
:
:

CASE NO. _____

JUDGE _____

**APPLICATION TO SEAL RECORD
OF CONVICTION (O.R.C. 2953.32)**

I, _____, am respectfully applying to this Court for the sealing of my record in this case. I believe I qualify as an eligible offender pursuant to O.R.C. 2953.31.

On _____, I was convicted of the following offenses:

Name of Offense/Charge	Offense Code	Degree of Offense
1.)		
2.)		
3.)		
4.)		

My sentence, including all jail and prison terms, community control terms, and/or post release control terms, terminated on _____. Final discharge occurred over three years ago for my felony conviction or one year for my misdemeanor conviction. There are no criminal proceedings currently pending against me.

I am requesting my record be sealed for the following reason(s):

I believe that my interest in sealing the records outweighs any interest of the government in maintaining the records and that I meet all other criteria for expungement.

My current information is as follows:

Full Name:

Current Address:

Phone Number:

Date of Birth:

Social Security Number:

Applicant/Defendant

Copy to: Fairfield County Prosecutor's Office

**IN THE COURT OF COMMON PLEAS
FAIRFIELD COUNTY, OHIO**

STATE OF OHIO

Plaintiff

vs.

Defendant

:
:
:
:
:
:
:
:
:

CASE NO. _____

JUDGE _____

**APPLICATION TO SEAL RECORD OF
DISMISSAL, NOT GUILTY VERDICT OR
"NO BILL" (O.R.C. 2953.52)**

I, _____, am respectfully applying to this Court for the sealing of the dismissal, not guilty verdict, or "no bill" in this case. This application is brought pursuant to O.R.C. 2953.52.

On _____, the following charges were dismissed, either by motion, not guilty verdict, or "no bill" by the grand jury:

Name of Offense/Charge	Offense Code	Degree of Offense
1.)		
2.)		
3.)		
4.)		

There are no criminal proceedings currently pending against me. I am requesting my record be sealed for the following reason(s):

I believe that my interest in sealing the records outweighs any interest of the government in maintaining the records and that I meet all other criteria for expungement.

My current information is as follows:

Full Name:

Current Address:

Phone Number:

Date of Birth:

Social Security Number:

Applicant/Defendant

Copy to: Fairfield County Prosecutor's Office

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Praecipe to the Court Reporter</u>
,	:	
	:	
Defendant.	:	

TO THE OFFICIAL COURT REPORTER:

A notice of appeal has been filed in the above-captioned case. Please prepare an official transcript of the following proceedings:

Date	Description of Hearing	Judge/Magistrate

This request DOES / DOES NOT include a request for the transcript of voir dire proceedings (circle one).

Additional instructions to the Court Reporter:

Respectfully Submitted

Copy to: Court Reporter c/o Kelly Starkey, Court Services Coordinator

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Motion for Court-Appointed</u>
	:	<u>Counsel</u>
,	:	
	:	
Defendant.	:	

Defendant filed a Notice of Appeal in this case on . Defendant represents that he/she is indigent, and now moves the Court to appoint Attorney to serve as appellate counsel for the duration of the pending appeal. (*See* Affidavit of Indigency, attached hereto).

Respectfully Submitted,

Copy to:
Court Reporter c/o Kelly Starkey, Court Services Coordinator
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Order Regarding Court-Appointed</u>
	:	<u>Counsel</u>
,	:	
	:	
Defendant.	:	

After reviewing Defendant's motion and Affidavit of Indigency, the Court finds:

- ☐ The Defendant qualifies as indigent and hereby appoints _____ to serve as appellate counsel in this case.
- ☐ The Defendant does not qualify as indigent; therefore, he/she does not qualify for court-appointed appellate counsel.

Judge

Copy to:

Court Reporter c/o Kelly Starkey, Court Services Coordinator
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Motion for Extension of Time to File</u>
	:	<u>Transcript</u>
,	:	
	:	
Defendant.	:	

Pursuant to Appellate Rule 10, an extension of _____ days to file the transcript in this matter is requested. This motion is supported by good cause, as the Court Reporter has represented that she is unable to complete the requested transcript by the original deadline. As such, a brief continuance is warranted and not made for the purposes of delay.

Respectfully Submitted

Copies to:
Court Reporter c/o Kelly Starkey, Court Services Coordinator
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Order Regarding Extension of Time</u>
,	:	
	:	
Defendant.	:	

After reviewing the pending Motion for Extension of Time to File Transcript, the Court finds:

☐ The motion is hereby GRANTED, as the request for extension is reasonable and necessary.

☐ The motion is hereby DENIED.

Judge

Copies to:

Court Reporter c/o Kelly Starkey, Court Services Coordinator

Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Motion for Transcript at State's</u>
	:	<u>Expense</u>
,	:	
	:	
Defendant.	:	

For purposes of an appeal to the Fifth District Court of Appeals, Defendant requires an official transcript be prepared by the Court's designated Court Reporter. However, due to indigency, Defendant is unable to pay for this transcript. (*See* Affidavit of Indigency, attached hereto). Therefore, Defendant moves this Court for an Order providing the required transcript at the State's expense.

Respectfully Submitted

Copies to:
Court Reporter c/o Kelly Starkey, Court Services Coordinator
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Order Regarding Preparation of</u>
	:	<u>Transcript</u>
,	:	
	:	
Defendant.	:	

After reviewing Defendant's Motion for Transcript at State's Expense and the Affidavit of Indigency filed in this case, the Court finds:

- ☐ The Defendant qualifies as indigent and an official transcript is to be provided at State's expense to the Defendant to use in his/her appeal.

- ☐ The Defendant does not qualify as indigent; therefore, he/she shall bear the costs of any official transcript requested.

Judge

Copies to:
Court Reporter c/o Kelly Starkey, Court Services Coordinator
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case Nos.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Praecipe to the Clerk</u>
,	:	
	:	
Defendant.	:	

TO THE CLERK:

Please issue a certified copy of the Warrant to Remove to the Fairfield County Sheriff for service upon the Warden of the _____, located at _____, or any other facility where Defendant may be held.

Respectfully Submitted

Copies to:
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case No.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Warrant to Remove</u>
,	:	
	:	
Defendant.	:	

This matter having been scheduled for an oral hearing on Defendant's Motion for Judicial Release, the Court hereby **ORDERS** that

1. The Sheriff of Fairfield County, Ohio deliver Defendant _____, Inmate # _____, from _____ to the Fairfield County Court of Common Pleas on _____ at _____ for the purpose of attending his/her judicial release hearing in the above-captioned case.
2. The Sheriff of Fairfield County, Ohio present a certified copy of this Warrant to Remove to the Warden of _____ or any other facility where the Defendant may be held.

IT IS SO ORDERED.

Judge

Copies to:
Counsel of Record:

**IN THE COURT OF COMMON PLEAS,
FAIRFIELD COUNTY, OHIO**

,	:	
	:	Case No.
Plaintiff,	:	
	:	Judge
v.	:	
	:	<u>Entry Scheduling Hearing on Defendant's</u>
	:	<u>Motion for Judicial Release</u>
,	:	
	:	
Defendant.	:	

After reviewing Defendant's Motion for Judicial Release, the Court hereby schedules this matter for an ORAL / NON-ORAL hearing on

_____ at _____.

IT IS SO ORDERED.

Judge

Copies to:
Counsel of Record:
Victim's Advocate c/o Prosecutor's Office
Community Control Department

**Fairfield County Common Pleas Court, General Division
Court-Appointed Attorney Application**

Name: _____

Bar #: _____ Vendor # _____

I am qualified to be appointed to the following cases (please check all that apply):

☐ **Felony OVI**

- ☐ I have a minimum six hours CLE in OVI practice and procedure training

☐ **4th and 5th Degree Felonies**

- ☐ I have obtained at least 12 hours of CLE in criminal practice and procedure within the past two years; AND
- ☐ I have at least one year experience in criminal law.

☐ **3rd Degree Felonies**

- ☐ I have obtained at least 12 hours of CLE in criminal practice and procedure within the past two years; AND
- ☐ I have at least one year experience in criminal law; AND
- ☐ I have served as lead counsel in at least one criminal jury trial within the past six years; OR
- ☐ I have served as co-counsel in at least two jury trials within the past six years.

☐ **1st and 2nd Degree Felonies**

- ☐ I have obtained at least 12 hours of CLE in criminal practice and procedure within the past two years; AND
- ☐ I have at least three years experience in criminal law; AND
- ☐ Within the past 10 years, I have served as lead counsel in two criminal jury trials, at least one of them involving felony charges; OR
- ☐ Within the past 10 years, I have served as lead counsel in one felony jury trial and as co-counsel in at least two additional jury trials.

☐ **Life-Sentence Cases**

- ☐ I have obtained at least 12 hours of CLE in criminal practice and procedure within the past two years; AND
- ☐ I have at least five years experience in criminal law; AND
- ☐ Within the past 10 years, I have served as lead counsel in five felony jury trials, at least three of which involved felony charges of the 1st or 2nd degree; OR
- ☐ Within the past 10 years, I have served as lead counsel in three jury trials, at least one of which was a 3rd degree felony AND as co-counsel in five additional jury trials, at least three of which were 1st or 2nd degree felonies.

I am requesting to be named to the Fairfield County Common Pleas Court, General Division, court-appointed attorney list ☐ as trial counsel only ☐ as appeals counsel only ☐ in both capacities. By signing this application, I certify that all information provided is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Administrative Judge Approval: _____

Date: _____

**IN THE COURT OF COMMON PLEAS
FAIRFIELD COUNTY, OHIO
CIVIL DIVISION**

Case No:

Plaintiff(s)

vs.

Judge:

Defendant(s)

Has this case been previously filed and dismissed? ☐ Yes ☐ No

If yes, please list previous case number and judge:

Date of Dismissal Entry or Notice of Dismissal:

Are there any related cases pending before the court? ☐ Yes ☐ No

If yes, please list case number(s) and assigned judge(s):

Is there a known conflict between any of the parties and the currently assigned judge that may require a transfer of the case or a visiting judge? ☐ Yes ☐ No

If yes, please explain:

Civil Filing Categories

Please select which category best describes this action.

- ☐ Foreclosure
- ☐ Other Real Property
- ☐ Tort Action
 - ☐ Medical Malpractice
 - ☐ Legal Malpractice

Compensation

- ☐ Other Malpractice
- insured?*
 - ☐ Product Liability
 - ☐ Personal Injury
 - ☐ Personal Injury- Auto

- ☐ Consumer Action
- ☐ Administrative Appeal
 - ☐ Board of Revision
 - ☐ Unemployment
 - ☐ Workers

Is employer self-

- ☐ Yes ☐ No
- ☐ Other
- ☐ Miscellaneous Civil

Name, Address, Phone Number, and E-Mail Address of Plaintiff's Attorney: