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

Name: _____

Bar #: Vendor #

I am gualified 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 vears: 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, courtappointed attorney list \Box as trial counsel only \Box as appeals counsel only \Box 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:	
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Administrative Judge Approval:	Date:	

Administrative Judge Approval: _____