

**ELEVENTH DISTRICT COURT OF APPEALS**  
**COURT APPOINTED COUNSEL - ATTORNEY APPLICATION**

Name:	Attorney Registration Number:
Address:	Phone Number(s):
Languages spoken other than English:	E-mail Address:

**I am willing to accept appointments in the following counties:**

Ashtabula      Geauga      Lake      Portage      Trumbull

**I am qualified and willing to accept the following appointment types (check all that apply):**

(See <http://codes.ohio.gov/oac/120-1-10v1>)

Criminal 1st and 2 <sup>nd</sup> Degree Felonies Criminal 3rd Degree Felonies Misdemeanors, 4th and 5 <sup>th</sup> Degree Felonies Bindover and Serious Youthful Offender Custody and Termination of Parental Rights	Juvenile Dependent, Abused, Neglected Juvenile 1st and 2nd Degree Felonies Juvenile Unruly, Truancy, Violation of Order, Misdemeanors, 3rd, 4th, and 5th Degree Felonies Juvenile Bindover and Serious Youthful Offender
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**Certification:**

I certify that I am a licensed Ohio attorney who is in good standing with the Ohio Supreme Court and maintain professional liability insurance. I have reviewed Ohio Administrative Code 120-1-10 and am qualified to be appointed counsel for the types of cases I have indicated in this application. I have reviewed and will comply with the requirements set forth in Loc.R. 6. **I will notify the Court of Appeals in writing of any changes that may affect my ability or qualifications to serve as appointed counsel for indigent parties.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please e-mail or mail applications to:**

[jjmasters@11thappealohio.us](mailto:jjmasters@11thappealohio.us)

Janina J. Masters  
 Case Management Specialist  
 Eleventh District Court of Appeals  
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