

**APPLICATION FOR APPOINTED COUNSEL PROGRAM
NEW PHILADELPHIA MUNICIPAL COURT**

Application Status: New Applicant Change in Applicant Status

Name:	Attorney Registration Number:
Firm Name and Address:	Telephone Number: Fax: Email: Cell:
Law School Attended:	CLE Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No Any Disciplinary Actions filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Graduated:	Misdemeanor Qualifications: 6 hours CLE in criminal practice/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No OR: Completed clinical education program focused on criminal defense? <input type="checkbox"/> Yes <input type="checkbox"/> No OR: One year experience as an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Admitted to Ohio Practice:	Misdemeanor OVI Qualifications: 6 hours CLE in OVI practice/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No

I have reviewed the qualifications, regulations and standards of the Ohio Public Defender's Commission and O.A.C. 120-1-10 and certify that I meet the minimum requirements to be appointed to represent indigent defendants in the New Philadelphia Municipal Court. I am willing to serve as counsel in accordance with and subject to all applicable rules, guidelines, and statutes that govern this process. I agree to notify the Court, in writing, of any changes in personal or professional status that would affect my ability or qualification to serve as appointed counsel for indigent defendants. I understand that the Motion and Certification for payment must be submitted within thirty (30) days after withdrawal or conclusion of the case, whichever is sooner, and must include a completed Affidavit of Indigency executed by the defendant.

Attorney Signature	Date
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