

WILLOUGHBY MUNICIPAL COURT
COURT APPOINTED COUNSEL APPLICATION

Please consider me for the court-appointed counsel list. I will accept appointments in the following areas:

OVI Misdemeanor	OVI Felony	Criminal Misdemeanor	Appeals
Criminal Felony 4 th /5 th Degree	Criminal Felony 3 rd Degree	Criminal Felony 1 st /2 nd Degree	
Criminal Life Sentence Cases	Criminal Death Specialization	Mental Health Law Specialization	

NAME _____

SUPREME COURT IDENTIFICATION NO. _____

ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS: _____

CERTIFICATION:

I certify that I have reviewed Ohio Administrative Code 120-1-10 and I will accept appointments as provided by this section. I further agree to inform the Court if I am not qualified within the OAC 120-1-10 to accept a certain category of appointments. (<http://codes.ohio.gov/oac/120-1-10v1>).

Attorney Name

Date

Signature

Please return the completed copy of this form to Andrea F. Rocco, Clerk of Court/Court Administrator, at 4000 Erie Street, Willoughby, Ohio 44094 or at rocco@willoughbycourt.com