## AKRON MUNICIPAL COURT APPLICATION FOR COURT APPOINTED COUNSEL LIST

□ New Application			Renewal Application
ATTORNEY INFORMATION			
Name:	Work Phone:	Cell Phone:	Fax Number:
Law Firm:	Email Address:		
Business Address:	City:	State:	Zip Code:
Ohio Bar Number:	Ohio Bar Admission Year:		
I Seek Appointment to the Following Types of Cases (check all that apply).  OVI Must Provide OVI CLE Certification	□ Appeals	□ OVI	☐ Misdemeanors
(Required) I have Attached the Following Documents	☐ Photo ID	□ CLE Certificate	☐ Insurance Declaration
STATEMENT OF ACKNOWLEDGMENT, AGREEMENT AND CERTIFICATION			
I believe the above information to be true and correct. I hereby authorize Akron Municipal Court to verify any/all the information I provided. I understand that any discrepancy, lack of information or information not submitted by the application deadline may result in the rejection/denial of this application. Please check the box for all that apply below.  By indicating my acceptance of Misdemeanor Appointments from the Akron Municipal Court of Summit County, I certify that I meet the requirements of the Ohio Administrative Code 120-01-10 for each applicable misdemeanor. I further certify that I am a licensed attorney, in good standing with the Ohio Supreme Court, and I would like my name to appear on the current Akron Municipal Court of Summit County Misdemeanor Appointment List. I maintain at least \$100,000 per occurrence and \$300,000 in aggregate of Professional Liability Insurance.   I have reviewed all regulations applicable to my compensation for this work and agree to comply with them.			
□ I currently possess the qualifications required for the case types for which I seek appointment. □ I hereby swear or affirm that the information provided above is true and accurate.			
Attorney Applicant (Signature Required)  AKRON MUNICIPAL COURT ONLY BELOW THIS LINE			
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Date Application was Received:		Received By:	
Application Status:	□ Denied	□ Incomplete	e 🗆 On Hold

EMAIL: attyappointments@akronohio.gov PHONE: (330)-375-2052