

AKRON MUNICIPAL COURT APPLICATION FOR COURT APPOINTED COUNSEL LIST



AKRON MUNICIPAL COURT
Harold K. Stubbs Justice Center
www.akronmunicipalcourt.org

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 Type of Cases (<i>check all that apply</i>)	Appeals <input type="checkbox"/>	OVI <input type="checkbox"/>	Misdemeanors <input type="checkbox"/>
Photo Identification is Required. Please attach/upload with this application	CLE Certificate and Insurance Declaration MUST be Available Upon Request		

STATEMENT OF ACKNOWLEDGEMENT, 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.

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 would also like to appear on the Appointment List for Barberton Municipal Court
- I would also like to appear on the Appointment List for Stow Municipal Court

I hereby swear or affirm that the information provided above is true and accurate

X _____ Date _____
Attorney Applicant (*Signature Required*)

AKRON MUNICIPAL COURT ONLY BELOW THIS LINE

Date Application was Received: _____ Received By: _____

Application Status: Approved Denied Incomplete Hold