Attorney Name: Click here to enter text.

Office Number: Click here to enter text.

Mobile Number (For Court use only): Click here to enter text.

Email Address: Click here to enter text.

Office Address: Click here to enter text.

Attorney Registration #: Click here to enter text.

Date of Admission: Click here to enter text.

*(Please check all that apply)*

**I am willing and qualified to take the following appointments:**

[ ] ALL [ ] OVI Appeals

[ ] OVI [ ] Appeals

**I am willing to take appointments from the following Judges at:**

[ ] Akron Municipal Court

**I have completed the following to be able to accept appointments:**

[ ]  Within 2 years prior to the appointment, completed a minimum of 6 hours of continuing legal education certified by the Ohio Supreme Court commission on continuing education, in criminal practice and procedure; or

[ ]  Successfully completed a clinical education program focusing on criminal defense; or

[ ]  At least 1 year experience as an attorney

**For OVI appointments, I have completed the following:**

[ ]  Within 2 years prior to the appointment, completed a minimum of 6 hours of continuing legal education, certified by the Ohio Supreme Court commission on continuing legal education, focused on OVI practice and procedure.

**For Appellate appointments, I have completed the following:**

[ ]  Within 2 years prior to appointment, completed a minimum of 6 hours of continuing legal education certified by the Ohio Supreme Court commission on continuing legal education, in criminal or appellate practice and procedure; or

[ ]  Successfully completed a clinical education program focusing on appellate practice; or

[ ]  At least one year of experience as an attorney

**\*CERTIFICATION**

By indicating my acceptance of Misdemeanor Appointments from the Municipal Courts 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 Summit County Misdemeanor Appointment List. I maintain at least $100,000 per occurrence and $300,000 in aggregate of professional liability insurance.

Click here to enter text. Click here to enter text.

*Signature* *Date*

**Instructions for Submission**

Please send your completed application, picture and all supporting documentation (CLE certificate and Insurance Declaration page) to:

**Email**: attyappointments@akronohio.gov

**Mail**: Akron Municipal Court

 Attn: Court Administration #713

 217 South High Street

 Akron, Ohio 44308

**Drop off**: Lockbox located outside of Room 709 at Akron Municipal Court

**Information**

The application deadline will be October 20, 2021.

Thereafter the appointment list will be updated twice a year with application deadlines on February 1 and August 1.