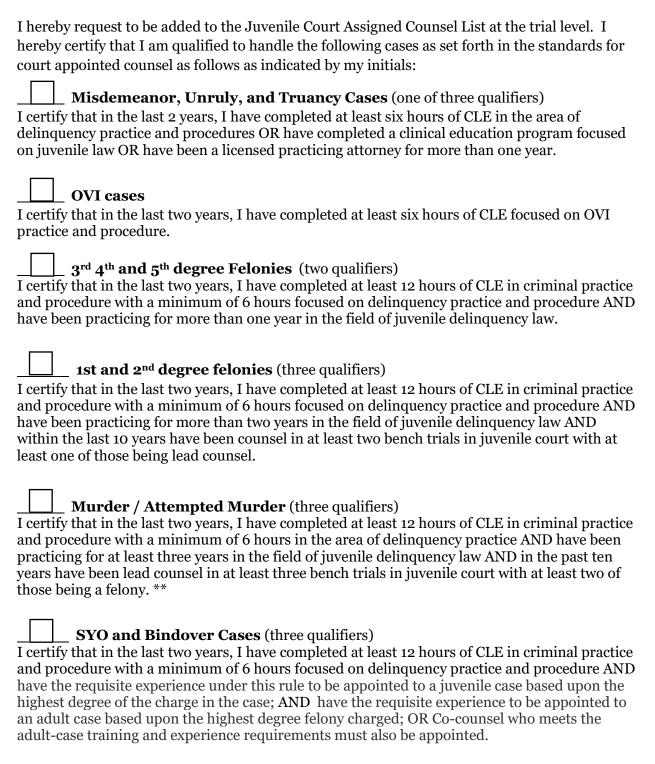
LORAIN COUNTY JUVENILE COURT APPLICATION TO BE PLACED ON APPOINTED COUNSEL LIST

Name:	
Address:	
Phone # for Clients to contact you:	
Phone # for Court Staff to contact you:	
Fax: Email:	
Website (if applicable):	
Month/Year licensed in Ohio:	Do you have Malpractice Insurance?:
	renile Court Assigned Counsel List (check all that apply):
at the trial level for delinquency/binattached.	ndover/SYO/unruly matters at the qualification level
at the appellate level at the qualifica	ation level attached.
for abuse, dependency or neglect ca	ases, representing (check all that apply):
Parent(s)	
Child(ren) as Atty	
Interested Third Par	ties who may be qualified
Appeals	
Contempts	
Attach a copy of CLE transcript(s) with evidencing qualifications for level(s) in	this Application and/or supporting documentation dicated in the attached sheets.
	alified to represent juveniles at the level(s) indicated. I ibility to update this certification with the Court by Dec.
Signature of Attorney	Date:



** Within the last ten years, if an attorney successfully completes a trial training program consisting of 30 hours of instruction or more, the training program will satisfy any requirement in OAC 120-1-10 to serve as: lead counsel in one criminal jury trial and lead counsel in one delinquency bench trial.

I hereby request to be added to the Juvenile Court Assigned Counsel List at the appellate level. I hereby certify that I am qualified to handle the following cases as set forth in the standards for court appointed counsel as follows:
3 rd 4 th 5 th degree Felonies and Misdemeanor Cases on Appeal (one of three qualifiers)
I hereby certify that I am qualified for this level of cases as I have completed at least 9 hours of CLE in appellate practice and procedure and juvenile delinquency practice and procedure OR completed a clinical education program focused on appellate practice and procedure AND completed a minimum of six hours CLE in juvenile delinquency practice and procedure OR completed a clinical education program focused on juvenile delinquency practice and procedure AND completed a minimum of six hours CLE in appellate practice and procedure.
1 st and 2 nd degree Felonies on appeal (three qualifiers)
I hereby certify that I am qualified for this level of cases as I have completed at least 12 hours of CLE with at least 6 hours on delinquency practice and procedures and 6 hours on appellate practice and procedure in the past two years AND have at least two years experience in the practice of delinquency representation and appellate law AND have filed at least three juvenile delinquency appeals in the last six years.
SYO and Bindover appeals qualified assertion
I certify that I am qualified to handle both juvenile and adult appellate matters for the corresponding highest level of charged offense in the matter being appealed OR Co-counsel who meets the adult-case training and experience requirements must also be appointed.
Abuse, Dependency or Neglect Cases(No Qualifiers)
Abuse, Dependency or Neglect Appeals (No Qualifiers)
Contempts (No Qualifiers)