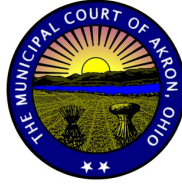


**AKRON MUNICIPAL COURT  
APPLICATION FOR COURT APPOINTED COUNSEL LIST**



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 Type of Cases ( <i>check all that apply</i> )	Appeals <input type="checkbox"/>	OVI <input type="checkbox"/>	Misdemeanors <input type="checkbox"/>
<b>Photo Identification is Required.</b> <b>Please attach/upload with this application</b>	<b>CLE Certificate and Insurance Declaration</b> 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 (172 S. BROADWAY STREET, AKRON, OH 44308) COMMENTS BELOW THIS LINE**

Date Application was Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Application Status:  Approved  Denied  Incomplete  Hold