

**TOLEDO MUNICIPAL COURT**  
**Court Appointed Counsel Qualification Form**

NAME \_\_\_\_\_

SUPREME COURT IDENTIFICATION NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Please include my name on the court-appointed counsel list. I will accept appointments in the following areas:

**CRIMINAL** (Court Appointed Conflict Public Defenders)

**I have:**

- At least one (1) year of experience as an attorney; **or**
- Within two (2) years prior to appointment, completed a minimum of six (6) hours of continuing legal education, certified by the Ohio Supreme Court Commission on Continuing Legal Education, in criminal practice and procedure; **or**
- Completion of a clinical education program focusing on criminal defense.

**TRAFFIC** (Court Appointed Conflict Public Defenders)

**I have:**

- At least one (1) year of experience as an attorney; **or**
- Within two (2) years prior to appointment, completed a minimum of six (6) hours of continuing legal education, certified by the Ohio Supreme Court Commission on Continuing Legal Education, in criminal practice and procedure; **or**
- Completion of a clinical education program focusing on criminal defense.

**OVI** (Court Appointed Conflict Public Defenders)

**I have:**

- At least one (1) year of experience as an attorney; **and**  
Within two (2) years prior to appointment, completed a minimum of six (6) hours of continuing legal education, certified by the Ohio Supreme Court Commission on Continuing Legal Education, focusing on OVI practice and procedure.

**GUARDIAN AD LITEM** (Court Appointed Counsel for Minor Victims)

**CERTIFICATION:**

1. I certify that I have reviewed Ohio Administrative Code 120-1-10 and I will accept appointments as provided by this section. I further agree to inform the Court if I am not qualified within OAC 120-1-10 to accept a certain category of appointments. (<http://codes.ohio.gov/oac/120-1-10v1>).
2. I certify that I maintain professional liability (malpractice) insurance and will submit, annually, the cover sheet to include the policy number to keep on file at the Toledo Municipal Court.
3. I certify I have reviewed Toledo Municipal Court's Local Rule 5 (F) "Appointed Counsel," and will adhere to the guidelines outlined in this section.
4. I certify that I do not have any pending formal disciplinary complaints or any pending case, criminal or civil, before any judicial authorities.

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Attorney Name

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Date

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Signature

Please return the completed copy of this form to the Court Administrator, Toledo Municipal Court, 555 N. Erie St., Toledo, Ohio, 43604, or return by fax (419-245-1802).