

**ASHTABULA COUNTY COURT OF COMMON PLEAS**  
**COURT APPOINTED COUNSEL QUALIFICATIONS FORM**

I am in compliance with the requirements of Ohio Administrative Code Chapter 120-1-10 and would like to be included on the Court Appointed List for the Ashtabula County Court of Common Pleas. I am qualified to accept appointment in the following areas:

- |   |   |
|---|---|
| <input type="checkbox"/> Felony OVI cases   | <input type="checkbox"/> Life Sentence cases        |
| <input type="checkbox"/> Felonies of the 4 <sup>th</sup> and 5 <sup>th</sup> degree   | <input type="checkbox"/> Death Penalty Co-Counsel   |
| <input type="checkbox"/> Felonies of the 3 <sup>rd</sup> degree   | <input type="checkbox"/> Death Penalty Lead Counsel |
| <input type="checkbox"/> Felonies of the 1 <sup>st</sup> and 2 <sup>nd</sup> degree, murder, and aggravated murder with no death penalty specifications |   |

**CERTIFICATION**

I certify that I have reviewed Ohio Administrative Code 120-1-10 (<http://codes.ohio.gov/oac/120-1-10v1>), and I will accept appointments as provided by this section. I further agree to inform the Court if and when I am no longer in substantial compliance with OAS 120-1-10 for any category of appointments, when I meet the qualifications and wish to accept appointments for additional categories of cases, or if my contact information changes. I understand that the Court may require me to renew this certification periodically in order to remain eligible for court appointments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Name (Print)

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number/ Cell Number (for Court use only)/ Fax Number

\_\_\_\_\_  
Email Address

Please return this completed form to the Ashtabula County Court of Common Pleas Court, Court Administrator Kathleen M. Thompson: 25 West Jefferson Street, Jefferson, Ohio 44047.