

MAGISTRATE REGISTRATION FORM

NAME _____

EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

ATTORNEY REGISTRATION NUMBER: _____

Rule X, Section 10 (C) of the Supreme Court Rules for the Government of the Bar of Ohio requires magistrates to register annually with the Secretary of the Commission on Continuing Legal Education. A separate registration should be completed for each court appointment.

Please complete the form indicating your appointment start date and appointing court and return the form to:

Supreme Court of Ohio
Office of Attorney Services
c/o Magistrate Registration
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431

APPOINTING COURT: _____

APPOINTMENT START DATE: _____

PLEASE CHECK ALL THAT ARE APPLICABLE

- | | | | | | |
|--------------------|--------------------------|----------|--------------------------|----------------------------|--------------------------|
| COURT OF APPEALS | <input type="checkbox"/> | JUVENILE | <input type="checkbox"/> | COMMON PLEAS, GENERAL | <input type="checkbox"/> |
| COURT OF CLAIMS | <input type="checkbox"/> | PROBATE | <input type="checkbox"/> | MUNICIPAL, BUT NOT TRAFFIC | <input type="checkbox"/> |
| DOMESTIC RELATIONS | <input type="checkbox"/> | TRAFFIC | <input type="checkbox"/> | | |

CHECK ONE OF THE FOLLOWING

- FULLTIME
- PART-TIME , NUMBER OF HOURS PER WEEK _____

REPORTING APPOINTMENT HAS ENDED

I hereby confirm that my appointment as a magistrate has ended. The end date of my appointment was _____.

MAGISTRATE SIGNATURE

DATE

TELEPHONE NUMBER

EMAIL ADDRESS