



# THE SUPREME COURT *of* OHIO

## Attorney Services Section

### CORPORATE COUNSEL REGISTRATION ● 2025-2027 BIENNIUM

|  |   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
|--|---|---|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|---|---------------------------------|-------------------------------------|---|----------------------------------|---------------------------------|---|--|-----------------------------------|--|---|--------------------------------------|---|----------------------------------|--|--|
| NAME   | BUSINESS NAME   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| RESIDENCE ADDRESS  | TITLE OR POSITION   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| CITY COUNTY  | BUSINESS ADDRESS  |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| STATE/COUNTRY ZIP  | CITY COUNTY   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| EMAIL  | STATE/COUNTRY ZIP   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| SERVICE EMAIL  | BUSINESS PHONE  |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <b>CORPORATE COUNSEL FEES</b><br><br><input type="checkbox"/> <b>CORPORATE REGISTRATION FEE</b><br>Start of Ohio Practice date: Sept. 1, 2025 - Aug. 31, 2026 - \$450<br>Start of Ohio Practice date: Sept. 1, 2026 - April 30, 2027 - \$225<br>Start of Ohio Practice date: May 1, 2027 - Aug. 31, 2027 - No Fee<br><br><input type="checkbox"/> <b>LATE REGISTRATION FEE</b> \$100<br><input type="checkbox"/> <b>APPLICATION FEE</b> \$500  | <b>Do you currently or have you ever served in the U.S. Armed Forces, any reserve component, or the National Guard?</b><br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Prefer not to answer |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <b>RACE AND ETHNICITY</b><br>SELECT ALL THAT APPLY<br><br><table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Chamorro</td></tr><tr><td><input type="checkbox"/> Latino</td><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Other Pacific Islander</td></tr><tr><td><input type="checkbox"/> Spanish</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Middle Eastern/North African</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Some Other Race</td></tr><tr><td><input type="checkbox"/> American Indian or Alaska Native</td><td><input type="checkbox"/> Other Asian</td><td><input type="checkbox"/> Prefer not to answer</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Native Hawaiian</td><td></td></tr></table> |   | <input type="checkbox"/> White                        | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chamorro             | <input type="checkbox"/> Latino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Spanish | <input type="checkbox"/> Korean | <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Some Other Race | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian |  |
| <input type="checkbox"/> White   | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Samoan                       |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Hispanic  | <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Chamorro                     |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Latino  | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Other Pacific Islander       |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Spanish   | <input type="checkbox"/> Korean   | <input type="checkbox"/> Middle Eastern/North African |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Some Other Race              |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Other Asian  | <input type="checkbox"/> Prefer not to answer         |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Native Hawaiian  |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| If you are bilingual or multilingual, which of the following languages are you proficient in? Check boxes:<br><br><table><tr><td><input type="checkbox"/> Spanish</td><td><input type="checkbox"/> Mandarin</td></tr><tr><td><input type="checkbox"/> Russian</td><td><input type="checkbox"/> French</td></tr><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Prefer Not to Answer</td></tr></table>   |   | <input type="checkbox"/> Spanish                      | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian | <input type="checkbox"/> French   | <input type="checkbox"/> Arabic       | <input type="checkbox"/> Prefer Not to Answer |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Spanish   | <input type="checkbox"/> Mandarin   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Russian   | <input type="checkbox"/> French   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Prefer Not to Answer   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |
| Make check or money order payable to The Supreme Court of Ohio<br><br>Amount _____ Check or Money Order Number _____   |   |   |                                   |                                  |                                   |                                       |   |                                 |                                     |   |                                  |                                 |   |  |                                   |  |   |                                      |   |                                  |  |  |

### CERTIFICATION: SIGNATURE IS REQUIRED

I certify that the information I am providing on this entire form is true and accurate.

\_\_\_\_\_  
SIGNATURE OF ATTORNEY

\_\_\_\_\_  
DATE