

In the Common Pleas Court of _____ County

Within two weeks of appointment of an attorney as counsel for an indigent defendant in a capital case pursuant to Appt.Coun.R. 5.02 or 5.03, the court shall notify the Supreme Court staff liaison to the Commission on Appointment of Counsel in Capital Cases.

Please mail completed form and a copy of the indictment to: Kirstyn Moyers, Supreme Court of Ohio, Commission on Appointment of Counsel in Capital Cases, 65 S. Front Street, 5th Floor, Columbus, Ohio 43215.

State of Ohio v. _____

Case Number: _____

Trial Judge: _____

Attorney Registration Number: _____

Trial Lead Counsel

Trial Co-Counsel

Name: _____

Name: _____

Attorney Registration Number: _____

Attorney Registration Number: _____

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Certified under Appt.Coun.R. as:

Certified under Appt.Coun.R. as:

Trial Lead Counsel ☐

Trial Lead Counsel ☐

Trial Co-Counsel ☐

Trial Co-Counsel ☐

Appellate Counsel ☐

Appellate Counsel ☐

Date of Appointment: _____

Date of Appointment: _____

NOTE TO JUDGES APPOINTING COUNSEL IN CAPITAL CASES:

In appropriate capital cases, the indigent accused may request and the court may deem it appropriate to appoint more than two attorneys for a capital case in the trial court. Rule 5.02(A) of the Rules for Appointment of Counsel in Capital Cases requires the appointment of “at least two attorneys” who possess the required qualifications, but the Rules do not prohibit the appointment of more than two qualified attorneys in appropriate capital cases. Moreover, as of June 2024, the Office of the Ohio Public Defender’s Reimbursement Standards & Guidelines were updated to remove two attorney maximums. In the event the court appoints more than two qualified attorneys for the capital case, please provide such appointment information below:

Additional Trial Co-Counsel

Name: _____

Attorney Registration Number: _____

Address: _____

Telephone Number: _____

Certified under Appt.Coun.R. as:

Trial Lead Counsel ☐

Trial Co-Counsel ☐

Appellate Counsel ☐

Date of Appointment: _____

Additional Trial Co-Counsel

Name: _____

Attorney Registration Number: _____

Address: _____

Telephone Number: _____

Certified under Appt.Coun.R. as:

Trial Lead Counsel ☐

Trial Co-Counsel ☐

Appellate Counsel ☐

Date of Appointment: _____

ATTORNEY CERTIFICATION

We hereby accept appointment as trial counsel in this case. We affirm that we are currently certified under Appt.Coun.R. 3.02 or 3.03 to accept appointment as trial lead counsel or trial co-counsel, and certify that this appointment will not create a total workload so excessive that it interferes with or prevents the rendering of quality representation in accordance with constitutional and professional standards.

Trial Lead Counsel

Date: _____

Trial Co-Counsel

Date: _____

Additional Trial Co-Counsel

Date: _____

Additional Trial Co-Counsel

Date: _____