

**SIXTH DISTRICT COURT OF APPEALS**  
**COURT APPOINTED COUNSEL LIST FORM**

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

Criminal

Juvenile

Parental Rights Termination

NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

PREFERRED COUNTIES:

Erie

Fulton

Huron

Lucas\*

Ottawa

Sandusky

Williams

Wood

\*In order to be appointed to appeals in Lucas County, you must submit a current certificate of malpractice insurance with this form.

**CERTIFICATION:**

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>).

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please return the completed copy of this form to the Court Administrator, Ohio Sixth District Court of Appeals, One Constitution Ave., Toledo, Ohio, 43604, or return by fax (419-213-4844), or e-mail ([6thca@co.lucas.oh.us](mailto:6thca@co.lucas.oh.us)).