

**APPOINTED COUNSEL
REGISTRATION FORM**

In cases where appointment of appellate counsel is necessary, such appointment shall be sought in the first instance in the trial court.

See **Loc.R. 9(C)**.

I hereby request that my name be added to the Twelfth District Court of Appeals' list of counsel willing to accept appointments on criminal appeals pending before the court:

NAME: _____

ATTORNEY REGISTRATION NUMBER: _____

FIRM: _____

STREET: _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

Counties requested: (Please check)

BROWN

BUTLER

CLERMONT

CLINTON

FAYETTE

MADISON

PREBLE

WARREN

Please return form to:

Twelfth District Court of Appeals
Attn: Nicole Rutherford, Administrative Secretary
1001 Reinartz Blvd.
Middletown, OH 45042