

**FRANKLIN COUNTY MUNICIPAL COURT
COURT APPOINTED COUNSEL LIST
CERTIFICATION OF LOCAL RULE 16.04 REQUIREMENTS**

NAME: _____

OHIO SUPREME COURT REGISTRATION NUMBER: _____

PROFESSIONAL LIABILITY INSURANCE REQUIREMENT:

I certify that I have maintained professional liability (malpractice) insurance in the amount equal to the minimum coverage required by the Ohio Rules of Professional Conduct and am providing the Court a copy of my professional liability (malpractice) insurance declaration page.

CONTINUING LEGAL EDUCATION REQUIREMENT:

Based on Section 4 of Government Bar Rule X: Biennial Compliance Periods, I certify that I have attended _____ hours of required continuing legal education pertaining to municipal court criminal practice and procedure during my most recent reporting period and am providing the Court a copy of my Ohio Supreme Court CLE Transcript, with applicable hours of CLE courses highlighted.

Based on Section 4 of Government Bar Rule X: Biennial Compliance Periods, I certify that I am not required to complete continuing legal education credit hours this year.

OPTIONAL OVI APPOINTMENT:

I wish to be appointed to OVI misdemeanor cases and certify that I have attended _____ hours of continuing legal education pertaining to OVI practice and procedure during my most recent reporting period.

Signature

Date