

BAR COUNSEL APPLICATION FOR CERTIFICATION

1. _____
Name of Certified Grievance Committee

Mailing Address of Above (please include zip code)

2. _____
Name of Chair of Certified Grievance Committee

Mailing Address of Above (please include zip code)

3. _____
Name of Proposed Bar Counsel and Attorney Registration Number

Mailing Address of Above (please include zip code)

4. Please describe your legal experience, including but not limited to, substantive areas of practice.

5. Please detail your experience as a member of a Certified Grievance Committee or as Bar Counsel.

6. Please detail your experience investigating grievances (approximate number of grievances investigated, approximate number of grievances that subsequently resulted in prosecutions).

7. Please detail your experience presenting disciplinary cases at hearings and/or before the Supreme Court of Ohio.

8. Please detail your trial experience (number of trials, whether civil or criminal, whether bench or jury).

9. Please detail any other relevant litigation experience (cases litigated but not tried, cases argued before the Supreme Court of Ohio).

10. Please list three references (include addresses and telephone numbers) within the legal community who can attest to your high ethical standards, integrity, and professionalism.

1. _____

2. _____

3. _____

11. Please include any additional information you feel will be of value in the certification process.
