

**REGISTRATION
COURT APPOINTED COUNSEL LIST
LUCAS COUNTY COMMON PLEAS COURT
GENERAL TRIAL DIVISION**

Please add my name to the Court Appointed Counsel List.

NAME OF ATTORNEY: _____

NAME OF FIRM: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

ATTORNEY REGISTRATION NUMBER: _____

ARE YOU FLUENT IN ANY OTHER LANGUAGE (IF YES, WHICH ONE) _____

HAVE YOU ATTENDED THE BIENNIEL APPOINTED COUNSEL CRIMINAL PRACTICE SEMINAR? YES _____ NO _____

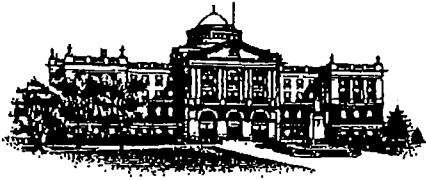
ARE YOU CURRENTLY ON THE STATEWIDE COURT APPOINTED LIST FOR INDIGENT DEFENDANTS IN CAPITAL CASES? YES _____ NO _____

SIGNATURE

DATE

RETURN TO:

Carol L. Howard
c/o Office of the Court Administrator
Lucas County Courthouse
700 Adams St. Suite 300
Toledo, Ohio 43604



LUCAS COUNTY COURT OF COMMON PLEAS, GENERAL DIVISION
Certification of Compliance with State Standards for
Appointment of Counsel on Felony Cases

By signing this certification, I represent that I am a licensed attorney in good standing with the state requirements governing the legal profession. I am requesting to be considered for court appointments on felony cases. I understand the following standards must be complied with to obtain court appointments on felony cases pursuant to Ohio Administrative Code Chapter 120, Superintendence Rule 8, and the Local Rules of the Court.

In all **Aggravated Murder or Murder** cases, the Judge assigned to the case must approve the appointment in advance of the arraignment.

All Attorneys appointed to represent indigent clients in felony cases must meet the following training requirements: Within two years prior to the appointment, completion of a minimum of twelve hours of continuing legal education in criminal practice and procedure.

_____ **Felony OVI:** completion of a minimum of six hours of continuing legal education focused on OVI practice and procedure.

_____ **Fourth or Fifth Degree Felony:** counsel must have at least one year of experience as an attorney practicing in the area of criminal law.

_____ **Third Degree Felony:** counsel must have: (1) At least one year of experience as an attorney practicing in the area of criminal law; and (2) Within six years preceding the appointment, prior experience as lead trial counsel in at least one criminal jury trial, or as co-counsel in at least two jury trials.

_____ **First or Second Degree Felony:** counsel must have: (1) At least three years of experience as an attorney practicing in the area of criminal law; and (2) Within ten years preceding the appointment, prior experience as lead trial counsel in two criminal jury trials, at least one of which involved felony charges, or as lead counsel in one felony jury trial and as co-counsel in two additional jury trials.

_____ **Life Imprisonment Felonies:** (whether eligible or ineligible for parole) counsel must have: (1) At least five years of experience as an attorney practicing in the area of criminal law; and (2) Within ten years preceding the appointment, prior jury trial experience as lead counsel in five felony jury trials (at least three of which were felonies of the first or second degree) OR prior jury trial experience as lead counsel in three jury trials (at least one of which was a felony of the third degree) AND as co-counsel in an additional five jury trials (at least three of which were felonies of the first or second degree).

By my signature, I certify that I have read and understand these requirements for appointment of counsel. I have checked where appropriate the felony categories for which I am eligible for appointment under these standards. I will notify the Court if an appointment is made in a category where I do not meet the above requirements. I understand that I may be requested to document my qualifications for appointment. I have and will maintain malpractice insurance. If I accept an appointment to a case for which I am not qualified, I understand that I may be ineligible for payment.

Date	Printed Name	Signature
Attorney Registration No.:		Telephone/Text No.:
		Email:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-G (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



ANITA LOPEZ LUCAS COUNTY AUDITOR

One Government Center, Suite 600
Toledo, OH 43604-2255
www.co.lucas.oh.us/Auditor

E-mail: alopez@co.lucas.oh.us
Phone: (419) 213-4406
Fax: (419) 213-4888

<input type="radio"/> New
<input type="radio"/> Update
<input type="radio"/> Inactive

MASTER VENDOR FORM

Return completed form to Lucas County Auditor's Disbursement Department

Submitted by: _____ Department/Agency: _____
 Lucas County Vendor # _____ Phone # _____ or Ext. # _____
No dashes

- 1) Is Vendor a medical/health care supplier or providing medical services? Yes No
- 2) Is Vendor an attorney providing legal services? Yes No
- 3) Is Vendor an individual/partnership/LLC? Yes No
- 4) Is Vendor an employee? Yes No
- 5) Is Vendor tax exempt? Yes No
- 6) Is this foster care payment? Yes No
- 7) Is Vendor incorporated? Yes No
- 8) Is this child support or garnishment? Yes No
- 9) Is this for reimbursement? Yes No
- 10) Is this for services? Yes No

Remit Address

Vendor Name: _____ **NO**
 Doing Business as (DBA) (If Applicable) _____ **Terms: Net 30**

<input type="radio"/> Issue Warrant to DBA	Street/PO Box: _____
<input type="radio"/> Issue Warrant to Vendor Name	City/State/Zip: _____
<input type="radio"/> Issue 1099 to DBA	Contact Name: _____
<input type="radio"/> Issue 1099 to Vendor Name	Phone #: _____ Fax #: _____ <small>No dashes No dashes</small>
	E-mail Address _____

Order Address

Vendor Name: _____
 Doing Business as (DBA) (If Applicable) _____
 Street/PO Box: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone #: _____ Fax #: _____
No dashes No dashes
 E-mail Address _____

Must include a State of Ohio W-9 and OPERS Independent Contractor/Worker form when submitting





INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year

/ /

End Date of Service

Month Day Year

/ /

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature _____

Do not print or type name

Today's Date ____/____/____