

CORPORATE COUNSEL APPLICATION

Applicants for corporate counsel registration must submit the following: (1) Certificate of Registration with any fees due payable to Supreme Court of Ohio; (2) Application fee of \$500 payable to the Supreme Court of Ohio; (3) Corporate Counsel Application; (4) Certificate(s) of Good Standing; and (5) Affidavit of Employer. Please mail all documentation and fees to The Supreme Court of Ohio, Office of Attorney Services, 65 S. Front St., Columbus, Ohio 43215.

1. APPLICANT INFORMATION

Initial Application Re-application, Ohio Attorney Reg. No.

First Name:	Middle:	Last (include suffix):
Date of Birth (mm/dd/yyyy):	Social Security No.:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer Not to Answer

2. EMPLOYMENT INFORMATION

Qualified Employer:	Position:
Employment status:	Are you employed elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include information on separate page.
Start Date with Employer (mm/dd/yyyy):	Start Date of providing legal services in OH (mm/dd/yyyy):

3. JURISDICTION(S) OF LICENSURE

List every state (including the District of Columbia) or U.S. territory in which you have been admitted to the practice of law. Attach additional page if necessary. Certificate of good standing dated no more than 60 days of submission of application.

STATE	DATE OF ADMISSION (MM/DD/YYYY)	BAR/LICENSE/REGISTRATION NO.	STATUS	Cert. of Good Standing Attached?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

4. CERTIFICATION

Initial: _____

_____ I acknowledge that upon registration, I am subject to all rules and requirements governing the practice of law in Ohio, including the Ohio Rules of Professional Conduct.

_____ I shall notify the Office of Attorney Services upon a change of employment, change in my license in another jurisdiction, or imposition against me of a disciplinary finding or sanction.

_____ I understand that my corporate counsel status shall automatically terminate as provided in Gov. Bar R. VI, Sec. 6(L).

_____ I certify that the information I am providing in this application is true and accurate.

Signature:	Date
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