

MAGISTRATE REGISTRATION FORM

Rule X, Section 3 (D) (2) of the Supreme Court Rules for the Government of the Bar of Ohio requires magistrates to register annually with the Secretary of the Commission on Continuing Legal Education.

Please complete this form and return it to:

**Supreme Court of Ohio
Commission on Continuing Legal Education
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431**

NAME _____

ATTORNEY REGISTRATION NUMBER _____

ATTORNEY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX _____

APPOINTING JUDGE _____

COURT NAME _____

TELEPHONE NUMBER _____ FAX _____

CHECK ALL THAT ARE APPLICABLE:

COURT OF APPEALS _____ JUVENILE _____

COMMON PLEAS, GENERAL _____ COURT OF CLAIMS _____

PROBATE _____ MUNICIPAL, BUT NOT TRAFFIC _____

DOMESTIC RELATIONS _____ TRAFFIC _____

CHECK ONE OF THE FOLLOWING:

FULLTIME _____ PARTTIME _____

IF PARTTIME NUMBER OF HOURS PER WEEK _____

APPT. START DATE _____

APPT. END DATE _____

***(DATE REQUIRED)**

**** (IF APPLICABLE)**

***The report must include the appointment start date; unless you are reporting that your appointment has ended.**

****Please only complete the appointment end date if your appointment has ended.**

MAGISTRATE SIGNATURE

DATE

Note: Please keep a copy of this form for your records. A separate form should be completed for each court appointment. Your registration with the Supreme Court of Ohio should be updated if any of the information on this form changes.

