

ORIGINAL

IN THE SUPREME COURT OF OHIO

STATE OF OHIO)	SUPREME COURT CASE
)	NO. 2010-1842
Appellant,)	
)	ON APPEAL FROM THE
vs.)	COURT OF APPEALS, NINTH
)	APPELLATE DISTRICT
CARL M. MORRIS, JR.)	09CA0022-M
)	
Appellee.)	MEDINA COUNTY COURT
)	OF COMMON PLEAS
)	CASE NO. 08CR0408

MOTION TO APPOINT APPELLATE COUNSEL

DEAN HOLMAN (#0020915)
Prosecuting Attorney, Medina County

WILLIAM D. MASON (#0075253)
Prosecuting Attorney, Cuyahoga County

MATTHEW KERN (#0086415)
Assistant Prosecuting Attorney
Medina County Prosecutor's Office
72 Public Square
Medina, Ohio 44256
330-723-9536
330-723-9532 fax

**MATTHEW MEYER (#0075253) &
DANIEL VAN (#0084614)**
Assistant Prosecuting Attorney
Cuyahoga County Prosecutor's Office
The Justice Center
1200 Ontario Street
Cleveland, Ohio 44113
216-443-7800

COUNSEL FOR APPELLANT

PAUL A. DOBSON (#0064126)
Prosecuting Attorney, Wood County

**COUNSEL FOR *AMICUS CURIAE*,
CUYAHOGA COUNTY PROSECUTOR'S
OFFICE**

DAVID A. ROMAKER, JR. (#0085683)
Assistant Prosecuting Attorney
Wood County Prosecutor's Office
One Courthouse Square
Bowling Green, Ohio 43402
419-354-9250

FILED
JUN 07 2011
CLERK OF COURT
SUPREME COURT OF OHIO

**COUNSEL FOR *AMICUS CURIAE*,
OHIO PROSECUTING ATTORNEYS
ASSOCIATION**

RECEIVED
JUN 07 2011
CLERK OF COURT
SUPREME COURT OF OHIO

The Appellee herein, by and through counsel, respectfully requests that this Honorable Court assign him appellate counsel pursuant to Rules 3.7 and 2.2(D)(2) of the Supreme Court Rules of Practice. Mr. Morris is indigent and has attached an affidavit of indigency in support. The trial court appointed Mr. Sheldon to represent Mr. Morris in his direct appeal to the Ninth District. However, Mr. Sheldon has not been appointed to this appeal. Mr. Sheldon respectfully requests appointment to Mr. Morris' appeal before this court.

Respectfully requested,

 #0069786

DAVID C. SHELDON #0040523
Attorney for Appellee
669 W. Liberty Street
Medina, Ohio 44256
Telephone: 330-723-8788
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CERTIFICATE OF SERVICE

A copy of the foregoing was sent by regular U.S. mail this 3RD day of June 2011 to the following:

DEAN HOLMAN (#0020915)
Prosecuting Attorney, Medina County

WILLIAM D. MASON (#0075253)
Prosecuting Attorney, Cuyahoga County

MATTHEW KERN (#0086415)
Assistant Prosecuting Attorney
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COUNSEL FOR APPELLANT

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CUYAHOGA COUNTY PROSECUTOR'S
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One Courthouse Square
Bowling Green, Ohio 43402
419-354-9250

**COUNSEL FOR *AMICUS CURIAE*,
OHIO PROSECUTING ATTORNEYS
ASSOCIATION**


DAVID C. SHELDON #0069786
Attorney for Defendant

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY
 (\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Name/Applicant Carl M. Morris, Jr.	Party Represented (if applicant, enter "same") Same	D.O.B. 2/15/67
Mailing Address Medina County Jail	City Medina	State Ohio
Case No. 2010-1842	Phone (330) 725-0028	ZIP 44256
		Message Phone (within 48 hours) ()

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B	Relationship	Name	D.O.B	Relationship
1)			3)		
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension/Social Security				
Child Support				
Works First/TANF				
Disability				
Other				

Employer's Name (for all household members)	A. TOTAL INCOME \$ 0
Employer's Address	Phone ()

IV. ALLOWABLE EXPENSES

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Infirm Family Members	
B. EXPENSES	\$

V. TOTAL INCOME

Total Income – Allowable Expenses = Adjusted Total Income

A. TOTAL INCOME	\$
- B. EXPENSES	\$
C. ADJUSTED TOTAL INCOME	\$ 0

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$ Date Purchased: Amt. Owed:\$	
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank / Acct. #)		
Savings/MM Acct. (Bank / Acct. #)		

D. TOTAL ASSETS \$ 0

VII. MONTHLY LIABILITIES/OTHER EXPENSES

VIII. GRAND TOTALS

Type of Liability	Amount
Rent / Mortgage	
Food	
Electric	
Gas	
Fuel	
Telephone	
Cable	
Water / Sewer / Trash	
Credit Cards	
Loans	
Taxes Owed	
Other	
E. LIABILITIES & OTHER EXPENSE	

C. ADJ. TOTAL INCOME

D. TOTAL ASSETS

E. LIABILITIES & OTHER

\$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form/Affidavit of Indigency Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within seven (7) days of submitting this form to the court, the public defender, your appointed counsel or any other party who will make a determination regarding your indigency.

IX. AFFIDAVIT OF INDIGENCY

I, Carl M Maus (affiant) being duly sworn, say:

- I am financially unable to retain private counsel without substantial hardship to me or my family.
- I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
- I understand that if it is determined by the county, or by the Court, that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
- I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
- I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Carl M Maus 6-3-11
 Affiant's Signature Date

Notary Public/Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this 3rd day of June 2011, at Medina City Jail, County of Medina and State of Ohio.

David C. Sheldon Attorney Title

X. JUDGE CERTIFICATION

I hereby certify that above-noted applicant is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: imprisoned

I have determined that the applicant meets the criteria for receiving court appointed counsel.

 Judge's Signature Date