



THE SUPREME COURT *of* OHIO

Office of Attorney Services

CORPORATE COUNSEL REGISTRATION ● 2023-2025 BIENNIUM

NAME	BUSINESS NAME																					
RESIDENCE ADDRESS	TITLE OR POSITION																					
CITY COUNTY	BUSINESS ADDRESS																					
STATE/COUNTRY ZIP	CITY COUNTY																					
EMAIL	STATE/COUNTRY ZIP																					
SERVICE EMAIL	BUSINESS PHONE																					
<p align="center">CORPORATE COUNSEL FEES</p> <p><input type="checkbox"/> CORPORATE REGISTRATION FEE</p> <p>Start of Ohio Practice date: Sept. 1, 2023 - Aug. 31, 2024 - \$400 Start of Ohio Practice date: Sept. 1, 2024 - April 30, 2025 - \$200 Start of Ohio Practice date: May 1, 2025 - Aug. 31, 2025 - No Fee</p> <p><input type="checkbox"/> LATE REGISTRATION FEE \$100 <input type="checkbox"/> APPLICATION FEE \$500</p>	<p>Do you currently or have you ever served in the U.S. Armed Forces, any reserve component, or the National Guard?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p>																					
<p align="center">RACE AND ETHNICITY SELECT ALL THAT APPLY</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Latino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Middle Eastern/North African</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Some Other Race</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Prefer not to answer</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Native Hawaiian</td> <td></td> </tr> </table>		<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Latino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Spanish	<input type="checkbox"/> Korean	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	
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<p align="center">Make check or money order payable to The Supreme Court of Ohio</p> <p>Amount _____ Check or Money Order Number _____</p>																						

CERTIFICATION: SIGNATURE IS REQUIRED

I certify that the information I am providing on this entire form is true and accurate.

SIGNATURE OF ATTORNEY

DATE