

**COURT-APPOINTED COUNSEL
KENTON FAMILY COURT
DIVISIONS 2 AND 5
ATTORNEY ROSTER APPLICATION**

ATTORNEY'S NAME: _____

KBA NO. _____

OFFICE ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: OFFICE _____ CELL _____

DATE OF COMPLETION OF AOC TRAINING: _____

PLEASE ATTACH PROOF OF COMPLETION.

REQUESTING: DIV. 2 DIV. 5 BOTH DIV.

ATTORNEYS ARE RESPONSIBLE FOR UPDATING THE COURT WITH ANY CHANGES TO THIS INFORMATION.

ATTORNEY CERTIFICATION

I certify that I have read and understand the Temporary Kenton County Family Court Local Rules and agree to abide by them; that I have read and understand the newly adopted FCRPP 35-38 and Appendix D thereto and agree to abide by them; that I am a member in good standing with the Kentucky Bar Association; and that I have completed the DNA training provided by the Administrative Office of the Courts.

SIGNATURE

PRINT NAME

DATE

Please return to the Kenton Family Court Office or email to alicekeys@kycourts.net
