FINANCIAL DISCLOSURE FORM

(\$25.00 application fee may be assessed—see notice on reverse side)

		I. PERSONA	AL INFORMA	TION			
Applicant's Name	D.O.B.	D.O.B. Name of Person Being		Being Represented (if juvenile)			
Mailing Address		City		State	Zip Code		
Case No.			Phone ()	none Cell Phone ()			
SSN Last 4 Gender	Race		_				
	American Indian or Spanish or Latino	Alaska Native L Asiar			_ Native Hawai	ian or Pacific Islander	
		II. OTHER PER	SONS LIVIN	g in household			
Name	D.O.B.	Relationship	Name		D.O.B.	Relationship	
1)			3)				
2)			4)				
III. PRESUMPTIVE ELIGIBILITY The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'							
The appointment of counse	el is presumed if the pe	erson represented meets	s any of the	qualifications below. Please	place an 'X'		
Ohio Works First / TANF:	SSI: SSD:	Medicaid: Pov	verty Related	Veterans' Benefits: Fo	ood Stamps:	-	
Refugee Settlement Benefit	s: Incarcerated ir	n state penitentiary:	Committe	d to a Public Mental Health	Facility:		
Other (please describe):				Juvenile: (ij	juvenile, please co	ntinue at Section VIII)	
		IV. INCOME	AND EMPL	OYER			
		Applicant		Spouse		Total Income	
				(Do not include spouse's income if sp	ouse is alleged victim)		
Gross Monthly Employment Income							
Unemployment, Worker's Compensation, Child							
Support, Other Types of Income							
TOTAL INCOME \$							
Employer's Name: Phone Number:							
Employer's Address:							
		V. LIO					
Type of Asset			Estimate				
Checking, Savings, Money Market Accounts			\$				
Stocks, Bonds, CDs			\$				
Other Liquid Assets or Cash	\$						
Total Liquid Assets				\$			
VI. MONTHLY EXPENSES							
Type of Expense		Amount	Тур	e of Expense		Amount	
Child Support Paid Out			Tele	ephone			
Child Care (if working only)			Tra	Transportation / Fuel			
Insurance (medical, dental, auto, etc.)			Тах	Taxes Withheld or Owed			
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member			Cre	Credit Card, Other Loans			
Rent / Mortgage			Util	Utilities (Gas, Electric, Water / Sewer, Trash)			
Food			_	Other (Specify)			
		\$		EXPENSES		\$	
				NDIGENCY		Ý	
VII. DETERMINATION OF INDIGENCY If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.							
				e recoupment notice in Section XI		using those liquid accet	
If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets. If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel							
must be appointed.							

VIII. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure 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 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

IX. APPLICANT CERTIFICATION

(applicant or alleged delinquent child) state:

- 1. I am financially unable to retain private counsel without substantial hardship to me or my family.
- 2. 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.
- 3. I understand that if it is determined by the county or 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.
- 4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
- 5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Signature

Date

X. JUDGE CERTIFICATION

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

party represented meets the criteria for receiving court-appointed counsel.

Judge's Signature

Date

XI. NOTICE OF RECOUPMENT

ORC. §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

XII. JUVENILE'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL					
	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total			
Employment Income (Gross)					
Unemployment, Workers Compensation, Child Support, Other Types of Income					
	TOTAL INCOME	\$			

*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.

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