FINANCIAL DISCLOSURE FORM

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

		I. PERSON	AL INFORM	IATION				
Applicant's Name		D.O.B.	Name of Person Being Represented (if ju		iuvenile)	D.O.B.		
Mailing Address			City		State	Zip Code		
Case No.			Phone Cell Phone		Cell Phone			
SSN Last 4 Gender Race American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander Spanish or Latino White Other								
		II. OTHER PE	RSONS LIV	NG IN HOUSEHOLD				
Name D.	.O.B.	Relationship	Name 3)		D.O.B.	Relationship		
2)			4)					
		III. PRESUM						
The appointment of counsel is presumed	I if the perso	n represented meet	s any of th	e qualifications below. Pleas	e place an 'X'			
Ohio Works First / TANF: SSI: SSD: Medicaid: Poverty Related Veterans' Benefits: Food Stamps:								
Refugee Settlement Benefits: Incarcerated in state penitentiary: Committed to a Public Mental Health Facility:								
Other (please describe):				Juvenile:	(if juvenile, please co	ntinue at Section VIII)		
		IV. INCOM	E AND EMI	PLOYER		_		
		Applicant		Spouse (Do not include spouse's income if spouse is alleged victim		Total Income		
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. LIC	QUID ASSE	rs				
Type of Asset				Estimated Value				
Checking, Savings, Money Market Accounts				\$				
Stocks, Bonds, CDs			\$					
Other Eigula Assets of Cash on Haria								
		Total Liquid Asset	S Y THLY EXP	FNSES				
Type of Expense		Amount		ype of Expense		Amount		
Child Support Paid Out				elephone				
Child Care (if working only)			Т	ransportation / Fuel				
Insurance (medical, dental, auto, etc.)			Т	axes Withheld or Owed				
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member		С	Credit Card, Other Loans					
Rent / Mortgage			U	Itilities (Gas, Electric, Water / S	Sewer, Trash)			
Food			С	other (Specify)				
EXF	PENSES \$				EXPENSES	\$		

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.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

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					
l,	(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.	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 IIIVENII E'S PARENTS' INCOME* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COLINSEI					

AII. JOVEINIEE STAILEISTS II	ACOME TOWNECOCK MENT TOWN 03E3 CHEET MOTT	CITAL I CHAMBERT OF COOKSEE
	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.