FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION

Applicant's Legal Name	Applicant's Preferred Name and Pronoun	Date of Birth

Mailing Address	City	Email Address

State	Zip Code	Case No.	Phone	Cell Phone

SSN Last 4	Gender	Race
		☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	DOB	Relationship	Name	DOB	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 a check mark if:

Ohio Works First/TANF: ____ SSI: ____ SSD: ____ Medicaid: ____ Poverty Related Veteran's Benefits: ____ Food Stamps: ____

Refugee Settlement Benefits: ____ Incarcerated in State Penitentiary: ____ Committed to a Public Mental Health Facility: ____

Other (please describe): _____ Juvenile: ____ *(If juvenile, please continue at Section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Typers of Income	$	$	$ 0.00
		TOTAL INCOME	$ 0.00

Employer's Name: _____ Phone Number: _____

Employer's Address: _____

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	$
Stocks, Bonds, CDs	$
Other Liquid Assets or Cash on Hand	$
TOTAL LIQUID ASSETS	$ 0.00

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	$	Telephone	$
Child Care (if working only)	$	Transportation/Fuel	$
Insurance (medical, dental, auto, etc.)	$	Taxes Withheld/Owed	$
Mental/Dental Expenses or Associated Costs of caring for Infirm Family Member	$	Credit Card/Other Loans	$
Rent/Mortgage	$	Utilities (gas, electric, water, sewer, trash)	$
Food	$	Other (specify)	$
EXPENSES	$ 0.00	**EXPENSES**	$ 0.00

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

I, _____ (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.

_____ _____

Name and title of authorized persons completing form on behalf of applicant. Information obtained via phone or video.

Signature of applicant 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)	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Typers of Income	$	$ 0.00
	TOTAL INCOME	$ 0.00

*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.