# FINANCIAL DISCLOSURE FORM

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

				I. PERSON	AL INFORMA	TION			
Applicant's Name			D.O.B.	D.O.B. Name of Person Being Represented ( <i>if juvenile</i> )			D.O.B.		
Mailing Address					City		State	Zip Code	
Widning / Gdi					City		State		
					Dhana				
Case No.					Phone Cell Phone				
SSN Last 4 Gender Race (double-click to de-select)									
5514 Ed3t 4	Gender	Race (double-click to de-select) American Indian or Alaska Native 🗌 Asian 🗌 Black or African American 🗌 Native Hawaiian or Pacific Islander							
	Spanish or Latino								
				II. OTHER PE	RSONS LIVIN	g in household			
Name		I	D.O.B.	Relationship	Name		D.O.B.	Relationship	
1)					3)	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'									
Ohio Works First / TANF: SSI: SSD: Medicaid: Poverty Related Veterans' Benefits: Food Stamps:									
	THIST / TANK	551			werty Neiatet	TVeteraris Denents 100	d Stamps		
Refugee Sett	tlement Benef	fits: Inca	arcerated in	state penitentiary:	_ Committe	d to a Public Mental Health Fa	cility:		
Other (pleas	e describe):					Juvenile: (if ju	ıvenile, please con	tinue at Section VIII)	
				IV. INCOM	E AND EMPL	OYER			
				Applicant		Spouse (Do not include spouse's income if spouse is alleged		Total Income	
							ise is alleged victim)		
Gross Monthly Employment Income						ė			
Unomploym	ont Workor's	Componention	\$			\$		\$	
Unemployment, Worker's Compensation, Child Support, Other Types of Income				\$		\$		\$	
TOTAL INCOME									
Employer's N	lame:				Pł	none Number: ( )	-		
Employer's A	ddress:								
				V. LIC	QUID ASSETS				
Type of Asset Estimated Value									
Checking, Savings, Money Market Accounts					\$				
Stocks, Bonds, CDs					\$				
Other Liquid Assets or Cash on Hand					\$				
Total Liquid Assets \$									
VI. MONTHLY EXPENSES									
Type of Expe	ense			Amount		e of Expense		Amount	
				\$		ephone		\$	
Child Support Paid Out									
Child Care (if working only)				т Т		nsportation / Fuel		\$	
Insurance (medical, dental, auto, etc.)				\$ Tax		es Withheld or Owed	:	\$	
Medical / Dental Expenses or Associated Costs of			Costs of			Credit Card, Other Loans			
Caring for Infirm Family Member				\$				\$	
Rent / Mortgage				\$	Util	Utilities (Gas, Electric, Water / Sewer, Trash)		\$	
Food						er (Specify)			
						Other (Specify) \$			
EXPENSES			XPENSES	\$			EXPENSES	\$	
VII. DETERMINATION OF INDIGENCY									
				5% of the Federal Poverty G					
						e recoupment notice in Section XI.	employ councel	using those liquid accets	
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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