FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

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

I. PERSONAL INFORMATION

Name/Applicant	Party Represented *(if applicant, enter "same")*		D.O.B.
Mailing Address	City	State	ZIP
Case No.	Phone ( )	Message Phone (within 48 hours) ( )	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B	Relationship	Name	D.O.B	Relationship
1)			3)		
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension/Social Security				
Child Support				
Works First/TANF				
Disability				
Other				

Employer's Name (for all household members)	**A. TOTAL INCOME**	$
Employer's Address		Phone ( )

IV. ALLOWABLE EXPENSES

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Infirm Family Members	
B. EXPENSES	**$**

V. TOTAL INCOME

Total Income – Allowable Expenses = Adjusted Total Income

	A. TOTAL INCOME	$
-	**B. EXPENSES**	$
	C. ADJUSTED TOTAL INCOME	$

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:$ Date Purchased: Amt. Owed:$	
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank / Acct. #)		
Savings/MM Acct. (Bank / Acct. #)		
	D. TOTAL ASSETS	**$**

VII. MONTHLY LIABILITIES/OTHER EXPENSES	
Type of Liability	Amount
Rent / Mortgage	
Food	
Electric	
Gas	
Fuel	
Telephone	
Cable	
Water / Sewer / Trash	
Credit Cards	
Loans	
Taxes Owed	
Other	
E. LIABILITIES & OTHER EXPENSE	

VIII. GRAND TOTALS

C. ADJ. TOTAL INCOME	
D. TOTAL ASSETS	
E. LIABILITIES & OTHER	

$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure Form/Affidavit of Indigency 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 seven (7) days of submitting this form to the court, the public defender, your appointed counsel or any other party who will make a determination regarding your indigency.

IX. AFFIDAVIT OF INDIGENCY

I, _____(affiant) being duly sworn, say:

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 by 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 form 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 the above 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.

_____
Affiant's Signature Date

Notary Public/Individual duly authorized to administer oath:
Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____, at _____, County of _____ and State of _____.

_____ _____
Signature of person administering oath Title

X. JUDGE CERTIFICATION

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

I have determined that the applicant meets the criteria for receiving court appointed counsel.

_____
Judge's Signature Date