**IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, OHIO**
**CRIMINAL DIVISION**

| | | | |
|---|---|---|---|
| State of Ohio | | : | Case No. |
| | Plaintiff | : | |
| vs. | | : | **APPLICATION FOR ASSIGNED COUNSEL [Crim.R. 44]** |
| | | : | **[ CM 13 ]** |
| | Defendant | : | |

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The undersigned Defendant says that he/she is unable to obtain counsel and hereby makes application for assigned counsel based upon the information contained in the attached Financial Disclosure / Affidavit of Indigency form promulgated by the Office of the Ohio Public Defendant (OPD) and approved by the Ohio Public Defender Commission.

**The undersigned Defendant <u>voluntarily</u> provides the following personal information:**

**SEX:** _____ Male _____ Female

**ETHNIC:** W_____(White, Not Hispanic) B_____(Black, Not Hispanic) H_____(Hispanic)

N_____(Native American) A_____(Asian) O_____(Other)

List friends or relatives who have resources adequate to retain counsel form whom you can borrow funds sufficient to retain counsel or who will otherwise volunteer to promptly obtain counsel for you.

**NAME** **ADDRESS** **RELATIONSHIP**

_____

_____

**PAST REPRESENTATION**

List attorneys who have previously represented you in other matters or proceedings.

| **ATTORNEY** | **MATTER OR PROCEEDING** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**CERTIFICATION:** To the best of my knowledge, the answers to the above questions are true and accurate.

Signature:_____ Date:_____

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****** **Deliver this completed application to the Clerk of Court's office along with the $25.00 filing fee.** ******

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Affidavit of Indigency Attached