

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

STATE OF OHIO : Case No. **24-CRM-063**
vs. : **APPLICATION FOR ASSIGNED
COUNSEL [Crim.R. 44]**
VENCE ALLEN : **[CM 13]**
Defendant :

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 Defender (OPD) and approved by the Ohio Public Defender Commission.

The undersigned Defendant voluntarily provides the following personal information:

1. **SEX:** ___ Male ___ Female
2. **ETHNIC:** ___ (White, Not Hispanic) ___ (Black, Not Hispanic) ___ (Hispanic)
 ___ (Native American) ___ (Asian) ___ (Other)
3. List friends or relatives who have resources adequate to retain counsel from whom you can borrow funds sufficient to retain counsel or who will otherwise volunteer to promptly obtain counsel for you.

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____

4. **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: _____

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

Affidavit of Indigency Attached

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 <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> 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	\$	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$
Employer's Name: _____ Phone Number: _____ TOTAL INCOME			\$

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	\$

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	\$	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

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)	\$	\$
Unemployment, Worker's 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.

**\$25.00 INDIGENT APPLICATION FEE
CLIENT INFORMATION SHEET**

1. What is the \$25.00 Indigent Application Fee?

Beginning September 29, 2005, Ohio law requires that all persons who request a public defender or appointed counsel must pay an up-front application fee of \$25.00. (R.C. 120.36)

2. Where do I pay the fee?

Pay the fee to the Clerk of Courts who is designated to collect money for the court where your case is being heard. If you are unable to pay it in person, someone else may pay it on your behalf.

3. When do I have to pay it?

You must pay within seven (7) days of submitting the affidavit of indigency/financial disclosure form.

4. What happens if I don't pay the fee?

If you fail to pay the fee within seven days, the court will assess the fee at sentencing or at the closing of your case. You will still owe the money until the fee is paid or waived (see #7 below).

5. Is the fee refundable if I am found not indigent?

No, the fee is not refundable. If you request counsel and submit a financial disclosure form and/or affidavit of indigency, you will be assessed the fee. However, if you withdraw your request for a public defender or appointed counsel prior to submitting the financial disclosure form and/or affidavit of indigency, you will not be assessed a fee.

6. I was assessed the fee before on a previous or different case. Do I owe it again?

Yes, the fee is assessed one time per case. You will be assessed a fee each time the court determines that the matter now in front of them is a new violation and/or separate case, per R.C. 120.36(A)(7).

7. Can the fee be reduced or waived?

The court can reduce or waive the fee if it determines you lack the financial resources to pay it or if payment would result in an undue hardship. If you cannot pay the fee for these reasons, you should ask the court or consult your attorney to file a request to have the fee waived or reduced.