

IN THE COURT OF COMMON PLEAS, JUVENILE DIVISION, ROSS COUNTY, OHIO

IN THE MATTER OF

Case No. _____

Motion for Appointed Counsel

Now comes _____, and moves the Court to appoint counsel to represent him/her, and hereby states he/she is indigent as shown in the attached affidavit.

The reason for this request is _____

I was previously represented by _____

I understand that there is a \$25.00 non-refundable application fee and further that the fee is due within seven (7) days of the date of filing this motion, unless otherwise ordered by the Court. I further understand that I am required to pay said fee regardless of the approval or denial of this motion.

My current address and phone number is:

Signature _____

() _____

If the \$25.00 fee is not paid at the time of signing, you must provide us with the last four digits of your social security number or your driver's license [if no license a state issued ID] number. SSN/DLN _____

***** * *****

ENTRY

(All boxes marked are effective)

[] Based upon the financial affidavit attached hereto, it is the finding of the Court that the movant is indigent and qualifies for appointed counsel. It is therefore the order of the Court that _____ be appointed to represent the movant in this matter, effective _____

[] Based upon the financial affidavit attached hereto, it is the finding of the Court that the movant is indigent and unable to pay the \$25.00 attorney fee. It is therefore ordered that the \$25.00 fee be waived.

[] Based upon the financial affidavit attached hereto, it is the finding of the Court that the movant is not indigent and therefore does not qualify for appointed counsel. The Motion for Appointed Counsel is hereby denied.

[] The Court further orders that the \$25.00 application fee be paid by the movant/parent no later than 4:00 p.m. _____. (Cash, Credit Card or Money order ONLY. No Personal checks will be accepted.)

Magistrate/Judge _____

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 (double-click to de-select)		
		<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 an "X" 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	\$	\$	\$
		TOTAL INCOME	\$

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	\$

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.

VII. \$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. COURT 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 or Magistrate'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.