

## FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

PERSONAL INFORMATION					
Applicant's Name		DOB	Person Represented's Name (if a minor)		DOB
Mailing Address			City	State	Zip Code
Case No.			Phone ( )	Cell Phone ( )	
OTHER PERSONS LIVING IN HOUSEHOLD					
Name 1.	DOB	Relationship	Name 3.	DOB	Relationship
2.			4.		
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 Veteran's Benefits: _____ Food Stamps: _____					
Refugee Settlement Benefits: _____ Incarcerated in state penitentiary: _____ Committed to a Public Mental Health Facility: _____					
Other (please describe) _____ Minor: _____					
INCOME AND EMPLOYER					
	Applicant	Spouse		Total Income	
Gross Monthly Employment Income					
Unemployment, Worker's Compensation, Child Support, Other Types of Income					
				<b>TOTAL INCOME</b>	\$
Employer's Name: _____ Phone Number: _____					
Employer's Address: _____					
LIQUID ASSETS					
<b>Type of Asset</b>			<b>Estimated Value</b>		
Checking, Savings, Money Market Accounts			\$		
Stocks, Bonds, CDs			\$		
Other Liquid Assets or Cash on Hand			\$		
<b>Total Liquid Assets</b>			<b>\$</b>		
MONTHLY EXPENSES					
<b>Type of Expense</b>		<b>Amount</b>	<b>Type of Expense</b>		<b>Amount</b>
Child Support Paid Out			Telephone		
Child Care (if working only)			Transportation / Fuel		
Insurance (medical, dental, auto, etc)			Taxes Withheld or Owed		
Medical/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)		
<b>Expenses</b>			<b>Expenses</b>		

## AFFIDAVIT OF INDIGENCY

I, \_\_\_\_\_, (applicant) being duly sworn,  
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 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.
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.

I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
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  
\_\_\_\_\_ State of Ohio.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title (example: Notary, Deputy Clerk of Courts, etc)