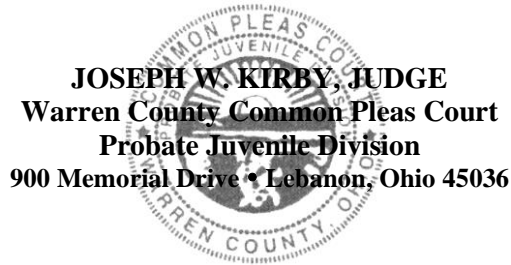


CAROLYN A. DUVELIUS
JENNA L. SEITZ
JEFFREY W. STUEVE
MEGAN M. DAVENPORT
Magistrates



LAURA A. SCHNECKER
Court Administrator

JOHN C. KASPAR
Staff Attorney/Mediator

INDIGENCY AFFIDAVIT INSTRUCTIONS

Today's Date: _____

Case Name and/or Case Number: _____

Person Requesting Counsel: _____

Phone Number of Parent/ Custodian/ Applicant: _____

Email of Parent/ Custodian/ Applicant: _____

Please return this form to the Court no later than **SEVEN** days **ON OR BEFORE** _____. **Contrary to the instructions on the affidavit, the Court requires every section on the form to be completed whether the person requesting counsel is an adult or a juvenile.** If an item is inapplicable to your situation write N/A in that box. If the person requesting counsel is a juvenile, the juvenile's parent or custodian shall provide their income for potential recoupment purposes. Your completed indigency affidavit must be accompanied by proof of income when returned to the Court.

Any of the following documents can be submitted as proof of income:

1. Copy of last paycheck stub
2. Copy of last year's Federal/State Income Tax Returns
3. Social Security Benefits: Letter of award or copy of check stubs
4. Worker's Compensation: Verification letter of award or copy of check stub

Any of the following documents can be submitted as proof of unemployment, presumptive eligibility, and how you pay your living expenses:

1. Unemployment: Verification letter of award or copy of check stub
2. Letter from Metropolitan Housing Authority: Public Housing, Utility Assistance
3. Letter from the Department of Job and Family Services/ Human Services: Food Stamps

You may deliver the completed affidavit to the Warren County Juvenile Court Clerk's Office between the hours of 8:00 am through 4:00 pm. You may also mail, fax, or email your completed affidavit and supporting documents:

Warren County Juvenile Court
900 Memorial Drive
Lebanon, Ohio 45036

Fax: 513-695-2948
Email: juvenilecomplaints@co.warren.oh.us

Please note that any applicant whose own income or parent/ custodian's income is at or above 187.5% of the Federal Poverty Guidelines will have to pay a portion or the entirety of their attorney fees should they choose to accept court appointed counsel.

Probate Division
513.695.1180
513.695.2945 (Fax)

Juvenile Division
513.695.1160
513.695.2948 (Fax)

Detention Center
513.695.1393
513.695.1394 (Fax)

Mary Haven
513.695.1366
513.695.1839 (Fax)

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	\$	\$	\$
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.

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 Typers 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.

**OHIO PUBLIC DEFENDER
INDIGENT CLIENT ELIGIBILITY GUIDELINES
2024**

ALL FIGURES BASED ON GROSS INCOME.

Household Size	100%	Annual Income				Monthly Income		Bi-Weekly Income		Weekly Income	
		125%	187.5%	125%	187.5%	125%	187.5%	125%	187.5%		
1	\$ 15,060	\$ 18,825	\$ 28,238	\$ 1,569	\$ 2,353	\$ 724	\$ 1,086	\$ 362	\$ 543		
2	\$ 20,440	\$ 25,550	\$ 38,325	\$ 2,129	\$ 3,194	\$ 983	\$ 1,474	\$ 491	\$ 737		
3	\$ 25,820	\$ 32,275	\$ 48,413	\$ 2,690	\$ 4,034	\$ 1,241	\$ 1,862	\$ 621	\$ 931		
4	\$ 31,200	\$ 39,000	\$ 58,500	\$ 3,250	\$ 4,875	\$ 1,500	\$ 2,250	\$ 750	\$ 1,125		
5	\$ 36,580	\$ 45,725	\$ 68,588	\$ 3,810	\$ 5,716	\$ 1,759	\$ 2,638	\$ 879	\$ 1,319		
6	\$ 41,960	\$ 52,450	\$ 78,675	\$ 4,371	\$ 6,556	\$ 2,017	\$ 3,026	\$ 1,009	\$ 1,513		
7	\$ 47,340	\$ 59,175	\$ 88,763	\$ 4,931	\$ 7,397	\$ 2,276	\$ 3,414	\$ 1,138	\$ 1,707		
8	\$ 52,720	\$ 65,900	\$ 98,850	\$ 5,491	\$ 8,238	\$ 2,535	\$ 3,802	\$ 1,267	\$ 1,901		
each additional	\$ 5,380	\$ 6,725	\$ 10,088	\$ 560	\$ 841	\$ 259	\$ 388	\$ 129	\$ 194		

Based on poverty guidelines determined by the U.S. Dept. of Health & Human Services

SOURCE: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>