



Lake County
Court of Common Pleas
Juvenile Division

Judge Karen Lawson

**Instructions for adults completing the
Financial Disclosure / Affidavit of Indigency form**

- Each line **must** contain a dollar amount or a zero. **Do not write “None” or “N/A”** or draw any lines in spaces or columns.
- Filling out the form improperly may affect approval of your application.
- Completed forms must be sworn to in front of a deputy clerk or a notary.

Signature

Print Name

Case Number

Date



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REQUEST FOR COURT APPOINTED COUNSEL

Your application to obtain court appointed counsel will be reviewed by the proper authority. They will consider your financial status as well as the type of issue to be addressed in Court.

Your financial qualification is determined based on indigency guidelines established by the State.

The Court is only authorized and allowed to appoint attorneys to be paid at public expense for the following cases:

1. Delinquency cases in which your child is charged with committing a crime.
2. Unruly cases in which your child is charged with committing a status offense. Examples: Truancy, Curfew, Tobacco
3. Cases in which a parent is accused of child abuse, child neglect, or it is claimed that the child is a dependent child. These cases are usually filed by the Department of Job and Family Services.
4. Cases which are filed pursuant to the Interstate Compact Law (Ohio Revised Codes 2151.56–2151.61).
5. Contempt of Court. Cases in which you are charged with being in contempt of Court by the State of Ohio or by a state agency.
6. Criminal cases in which you are charged with a crime; such as contributing to the delinquency or unruliness of a child or for non-support.
7. Cases in which the State, or a state agency has filed a Writ of Habeas Corpus against you.

The Court cannot appoint an attorney to represent you in any other type of case including the following:

- A. Complaints to determine whether a parent-child relationship exists, formerly called paternity cases.
- B. Cases to determine or modify custody of, or visitation with children.
- C. Cases to determine modify or enforce child support.
- D. Cases transferred to this Court from Domestic Relations Court.
- E. Any other civil case. A civil case is any case that does not include the possibility that you may be incarcerated.

THE COURT WILL NOT DENY YOU THE RIGHT TO APPLY FOR AN ATTORNEY. THERE IS HOWEVER, A \$25.00 NON-REFUNDABLE FEE. IF YOUR CASE IS ONE OF THOSE LISTED IN A-E, IT IS PROBABLY THAT YOUR REQUEST WILL BE DENIED BUT YOUR RIGHT TO APPLY WILL NOT BE DENIED.

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

(\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Name	D.O.B.	Person Represented's Name <i>(if juvenile)</i>	D.O.B.
Mailing Address	City	State	Zip Code
Case No.	Phone ()	Cell Phone ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B.	Relationship	Name 3)	D.O.B.	Relationship
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'

Ohio Works First / TANF: ___ SSI: ___ SSD: ___ Medicaid: ___ Poverty Related Veterans' 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 <small>(Do not include spouse's income if spouse is alleged victim)</small>	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 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)	
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.

