



Lake County
Court of Common Pleas
Juvenile Division

Judge Karen Lawson

This form may require a filing fee, please refer to the Fee Schedule.

**INSTRUCTIONS FOR FILLING OUT FINANCIAL
DISCLOSURE AFFIDAVIT OF INDIGENCY FORMS**

**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 THE FORM OUT 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



Lake County
Court of Common Pleas
Juvenile Division

Judge Karen Lawson

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 upon 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 Code 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 PROBABLE THAT YOUR REQUEST WILL BE DENIED BUT YOUR RIGHT TO APPLY WILL NOT BE DENIED.

Name

Phone

Address

Date of Application

City State Zip

State briefly the reason for requesting court appointed counsel. Describe the issue that would require a court hearing.

Is there an existing case filed in the Lake County Juvenile Court?

☐ Yes ☐ No

If yes, what is the case number?

=====

DETERMINATION OF YOUR REQUEST

=====

- ☐ APPROVED ☐ The Court has appointed Attorney _____ to represent you.
☐ FEE ☐ You will be represented by the Public Defender.
☐ DENIED ☐ You should contact your attorney or the Public Defender for an appointment.
☐ DENIED You do not qualify for court appointed counsel for the following reason:
☐ You are not indigent as per the guidelines
☐ Your issue does not qualify for the court appointed counsel.

Date of Determination: _____

Determined By: _____

Title: _____

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: ____ 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 for Work / Fuel	
Insurance		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	\$

II. INITIAL DETERMINATION OF INDIGENCY

TOTAL INCOME: _____ TOTAL LIQUID ASSETS: + _____ TOTAL EXPENSES: - _____ TOTAL ADJUSTED INCOME: = _____	If the total adjusted income is at or below 187.5% of the Federal Poverty Guidelines or if the person represented is unable to retain counsel, the court must appoint counsel for the entire proceeding. For applicants whose total adjusted income is between 187.5% - 125% of the Federal Poverty Guidelines, see recoupment notice on reverse side.
--	---

III. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure / Affidavit of Indigency 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 seven (7) days of submitting this form to the entity that will make a determination regarding your indigency.

IX. AFFIDAVIT OF INDIGENCY

I, _____ (applicant or alleged delinquent child) 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 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.

Affiant's signature

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.)

X. JUDGE CERTIFICATION

I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit 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

O.R.C. § 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.

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, Workers Compensation, Child Support, Other Types of Income		
	TOTAL INCOME	\$

XIII. NON-LIQUID ASSET INFORMATION - FOR RECOUPMENT PURPOSES ONLY - NOT FOR APPOINTMENT OF COUNSEL

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$ Amt. Owed:\$	
Automobiles		
Trucks / Boats / Motorcycles		
Money Owed to Applicant		
	TOTAL ASSETS	\$