



Lake County
Court of Common Pleas
Juvenile Division

**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.

Signature

Print Name

Case Number

Date



Lake County
Court of Common Pleas
Juvenile Division

_____			_____
Name			Date of Application
_____			_____
Address			Phone Number
_____	_____	_____	_____
City	State	Zip	Email Address

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 Lake County Juvenile Court? Yes No
If yes, what is the case number? _____

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DETERMINATION OF YOUR REQUEST

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- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> The Court has appointed Attorney _____ to represent you. |
| <input type="checkbox"/> Fee | <input type="checkbox"/> You will be contacted by the Public Defender. |
| | <input type="checkbox"/> You should contact your attorney or the Public Defender for an appointment. |
| <input type="checkbox"/> Denied | You do not qualify for court appointed counsel for the following reason: |
| | <input type="checkbox"/> You are not indigent as per the guidelines. |
| | <input type="checkbox"/> Your issue does not qualify for the court appointed counsel. |

Date of Determination: _____ Title: _____
Determined By: _____



Lake County Court of Common Pleas

Juvenile Division

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 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 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.