

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

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

I. APPLICANT'S PERSONAL INFORMATION

Name/Applicant		Party Represented (if applicant, enter "same") and		DOB
Mailing Address	City	State	Zip	
Case	Phone ()	Message Phone (within 48 hours) ()		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	Age/DOB	Relationship	Name	Age/DOB	Relationship
1)			3)		
2)			4)		

III. MONTHLY HOUSEHOLD INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse or Parent if applicant is a juvenile	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Employer's Name (for all household members)			A. TOTAL INCOME	\$
Address			Phone	()

IV. ALLOWABLE HOUSEHOLD EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Intirm Family Members	
B. EXPENSES	\$

Total Monthly Income - Total Allowable Expenses = Adjusted Monthly Income

A. TOTAL INCOME	\$
B. EXPENSES	\$
C. ADJUSTED TOTAL INCOME	\$

VI. HOUSEHOLD ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price: \$ Date Purchased: Amount Owed:	
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct #)		
Savings Acct. (Bank/Acct #)		
D. TOTAL ASSETS		\$

VII. MONTHLY HOUSEHOLD LIABILITIES/EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		
Rent/Mortgage		C. ADJ TOTAL INCOME	<input type="text"/>
Food			
Electric		D. TOTAL ASSETS	<input type="text"/>
Gas			
Fuel		E. LIABILITIES & OTHER	<input type="text"/>
Telephone			
Cable		\$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 by the Court. If assessed, the fee is to be paid to the Clerk of Courts within seven (7) days of submitting this form.	
Water / Sewer / Trash			
Credit Cards			
Loans			
Taxes Owed			
Other			
E. LIABILITIES & OTHER EXPENSES			

IX. AFFIDAVIT OF INDIGENCY

I, I, _____, _____ being duly sworn, say:
 Name Relationship to Applicant

- I am financially unable to retain private counsel for _____ without substantial hardship to me or my family.
 Applicant's Name
- I understand that I must inform the Court appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
- I understand that if it is determined by the county, or by the Court, that legal representation was provided, to which I was not entitled, 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.
- I understand that I am subject to criminal charges for providing false financial information in connection with the above 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's Signature Date

Notary Public/Individual duly authorized to administer an oath:
 Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, _____, at _____, County of Lorain and State of Ohio.

 Signature of Person Administering Oath Title

X. JUDGE CERTIFICATION

I hereby certify that above-noted client is unable to fill out and/or sign this financial disclosure/ affidavit for the following reason: _____
 I have determined that the applicant meets the criteria for receiving court appointed counsel.

 Judge's Signature Date

**SUPPLEMENT TO THE FINANCIAL DISCLOSURE/AFFIDAVIT OF
INDIGENCY FORMS**

CHARGE(S) – continued from Page 1

_____ ()	O.R.C	_____
_____ ()	O.R.C	_____
_____ ()	O.R.C	_____
_____ ()	O.R.C	_____

ADDRESS OF CHILD IF DIFFERENT THAN THAT OF SUBJECT SUBMITTING INFORMATION

NAME: _____ PH# _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER PERSONS LIVING IN HOUSEHOLD: - continued from Page 1 of Affidavit

NAME	AGE	RELATIONSHIP

Affidavit of Indigency
Institution of \$25.00 Fee

- 1) Client requests Court Appointed Counsel.
- 2) Client will meet with Juvenile Court Staff, as per usual, to complete Affidavit of Indigency.

- 3) Prior to completing affidavit, staff will advise the client that there is a \$25 00 application fee charged, per state law, to complete the form. The \$25 00 application fee can be paid on the 1st Floor at the Juvenile/Domestic Clerk's Office either after the affidavit has been completed or within 7 days.
- 4) Those clients who indicate that they **cannot** afford the \$25 00 application fee (and are found to be indigent) **cannot** be denied the opportunity to complete an affidavit and receive court appointed counsel.
- 5) The magistrates are anticipating that the court appointed counsel will make an oral motion at pre-trial to waive the application fee. The magistrate will rule on the motion at that time and journalize.
- 6) Every case incurs a \$25 00 application fee. Example: If you complete one affidavit with three cases on it, that is a fee of **\$75.00**. (See also below) **Every time a client requests court appointed counsel, a new affidavit will be completed. NO MORE IMAGING OF RECENT AFFIDAVITS.**
- 7) There will be no application fee assessed for GAL's ordered by the magistrates.
- 8) There will also be no application fees assessed for GAL/Attorneys ordered by the magistrate on a journal entry.
- 9) Once completion of a form has begun, complete the entire form in its entirety. Example: Do not stop midway through the affidavit and tell the client that it appears they will not qualify.
- 10) If a client requests to see the state guidelines for eligibility, it may be shared with them.

PLEASE NOTE: The application fee is assessed per case, per person.

EXAMPLE: If a juvenile and parent both request court appointed counsel on 2 cases, the total application fee will be \$100.00 - \$50.00 for the juvenile and \$50.00 for the parent. (See also number 6)