

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY
 (\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Name/Applicant	Party Represented (if applicant, enter "same")		D.O.B.
Mailing Address	City	State	ZIP
Case No.	Phone ()	Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B	Relationship	Name 3)	D.O.B	Relationship
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents 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	\$
Employer's Address		Phone ()

IV. ALLOWABLE 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 Infirm Family Members	
B. EXPENSES	\$

Total Income – Allowable Expenses = Adjusted Total Income

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

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$ Date Purchased: Amt. 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/MM Acct. (Bank / Acct. #)		

D. TOTAL ASSETS	\$
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VII. MONTHLY LIABILITIES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		
Rent / Mortgage			
Food		C. ADJ. TOTAL INCOME	<input type="text"/>
Electric			
Gas		D. TOTAL ASSETS	<input type="text"/>
Fuel			
Telephone		E. LIABILITIES & OTHER	<input type="text"/>
Cable			
Water / Sewer / Trash		<p align="center">\$25.00 APPLICATION FEE NOTICE</p> <p>By submitting this Financial Disclosure Form/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 court, the public defender, your appointed counsel or any other party who will make a determination regarding your indigency.</p>	
Credit Cards			
Loans			
Taxes Owed			
Other			
E. LIABILITIES & OTHER EXPENSE			

IX. AFFIDAVIT OF INDIGENCY

I, _____ (affiant) being duly sworn, say:

- I am financially unable to retain private counsel without substantial hardship to me or my family.
- 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.
- I understand that if it is determined by the county, or by 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.
- 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 oath:

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____, _____, at _____, County of _____ and State of _____.

Signature of person administering oath

Title

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 applicant meets the criteria for receiving court appointed counsel.

Judge's Signature

Date

**OFFICE OF THE OHIO PUBLIC DEFENDER
FINANCIAL DISCLOSURE FORM/AFFIDAVIT OF INDIGENCY
GUIDE TO CHANGES EFFECTIVE SEPTEMBER 29, 2005**

The Office of the Ohio Public Defender is issuing a revised Financial Disclosure Form/Affidavit of Indigency effective September 29, 2005. The changes are as follows:

1. A notice regarding the \$25.00 indigent application fee has been added at the top of the form and on the back side, just above the affidavit of indigency.
2. The name box is now titled "Name/Applicant" and should be the person who's financial status is being disclosed.
3. There is a new box titled "Party Represented." This should be the name and date of birth of the person who is receiving representation.
4. The Phone Number box has been moved.
5. The Residence (if different from address) has been removed. Use mailing address.
6. The "Age" column for "Other Persons Living in Household" has been changed to D.O.B.
7. The "Self" column is now titled "Applicant" and should be used for the person named in the "Name/Applicant" at the top of the form.
8. The "Spouse" column is now titled "Spouse (or Parents if applicant is a juvenile)". Use this for the income of the applicant's spouse, or if the applicant is a juvenile, the parents' income.
9. The titles of the boxes for Monthly Income, Assets and Liabilities have been changed to reflect their contents. "Adjusted Total Income" is the figure that should be used to initially determine indigency. Total Assets and Liabilities may also be considered in certain cases.
10. The information for Real Estate now requests "amount owed" instead of equity. Equity can be calculated by the Estimated Value less the amount owed.
11. The row for Credit Union has been removed. List these accounts under either checking or savings accounts.
12. The Savings Account row now includes Savings Accounts and Money Market (MM).
13. The boxes in section "VIII. Grand Totals" have been renamed to match the other changes.
14. The affidavit of indigency has been changed from naming a "client" to an "affiant" i.e., the person named as in the "Name/Applicant" box on the front of the form.
15. The affidavit of indigency has been changed to allow signature by either a Notary Public or an individual duly authorized to administer an oath. The name of the individual and title are required.

**Instructions for Completing
Financial Disclosure/Affidavit of Indigency
Form OPD-206R
Revised September 29, 2005**

The following instructions are for the *Financial Disclosure/Affidavit of Indigency* form (OPD-206R). The form is divided into ten sections, I-X. For the purpose of these instructions, spaces requiring an entry have been numbered.

TO BE COMPLETED BY THE APPLICANT

I. PERSONAL INFORMATION

- (1) Enter the name of the applicant. This is the person who is disclosing their financial information, and may or may not be the same as the person receiving representation. For example, a parent may be disclosing information to obtain an attorney for their minor child.
- (2) Enter the name of the person who is receiving representation. If it is the same person as the applicant, enter "Same." For example, if a parent is claiming indigency regarding providing an attorney for their child, enter the child's name here.
- (3) Enter the date of birth of the party receiving representation. Use the format MM/DD/YYYY.
- (4) Enter the street address where the applicant receives mail. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (5) Enter the case number(s) for which representation is being provided.
- (6) Enter a telephone number where the applicant can be reached (home, work, mobile). If there is no telephone, write "none" in this space.
- (7) Enter the number of a telephone where the applicant may receive messages within 48 hours after the caller leaves them. This is especially important if the applicant has no telephone/cell phone.

II. OTHER PERSONS LIVING IN HOUSEHOLD

- (8) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (9) Enter the date of birth of the other persons living in the applicant's household. If birth dates are not known, enter the person's age.
- (10) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother."

If there are more than four other persons living in the applicant's household, attach an additional sheet that provides the same information for those not listed on the form.

III. MONTHLY INCOME / EMPLOYMENT

In the "Applicant" column, list the income of the person named in the "Name/Applicant" box, number (1) of these instructions..

In the "Spouse (or Parents if applicant is a juvenile)" column, list spouse's income, or if the applicant is a juvenile, the parent(s) income.

In the "Other Household Members" column, list the earnings of other financially contributing persons living in the household

In the "Total" column, enter the total income from each type by adding the amounts across each row.

List monthly income figures for the following:

- (11) Earnings or wages before taxes are deducted.
- (12) Unemployment compensation received.
- (13) Workers' compensation received.
- (14) Pension and/or Social Security benefits received.
- (15) Child support received from a parent not living in the household. Do not include ADC in the calculation of this amount.
- (16) Works First/TANF.
- (17) Disability pay.
- (18) Any other income source. **Note: Food stamps/cards can no longer be considered as income. 51 USC 2107 (b). Food stamps/cards are listed in (44) below.**
- (19) Enter the total income for the household by adding together the amounts in the "Total" column.
- (20) Enter the name of the applicant's employer and the name(s) of the employer(s) of any other employed household member(s).
- (21) Enter the address and phone number of the employer(s).

IV. ALLOWABLE MONTHLY EXPENSES

List monthly household expenses for the following:

- (22) Child support actually paid for children not residing in the applicant's household.
- (23) Child care. This expense may not be claimed if any adult member of the applicant's household is unemployed and able to provide supervision for the child/children.
- (24) Transportation to and from work. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs (auto insurance is listed below in #25).
- (25) All types of insurance. This should include medical, dental, life, homeowners insurance, renters insurance, automobile insurance, etc.
- (26) Health and dental care that is over and above the amount paid for medical and dental insurance. This may include prescription medications, co-payments, the payment of deductibles, etc.
- (27) Medical expenses and other necessary expenses incurred in caring for sick or injured family members.
- (28) Enter the total of monthly expenses by adding together the entries in the "Amount" column.

V. TOTAL INCOME

- (29) Enter the amount shown at "A. TOTAL INCOME," the space identified in these instructions as number (19).
- (30) Enter the amount shown at "B. EXPENSES," the space identified in these instructions as number (28).
- (31) Enter the ADJUSTED TOTAL INCOME by subtracting the amount in space (28) from the amount in space (29). (Total Income – Expenses = Adjusted Total Income)

THE ADJUSTED TOTAL INCOME IS USED TO INITIALLY DETERMINE INDIGENCY.

VI. ASSET INFORMATION

For each "Type of Asset" listed in this section, the applicant must describe the item(s) in the center column including the cost of the item, length of ownership, and the make, model, and year of the asset whenever applicable. Also indicate the current value of that item in the "Estimated Value" column. The following instructions clarify the types of assets about which information is requested.

- (32) "Real Estate/Home" includes any and all property and buildings owned or mortgaged by the applicant. Include the purchase price, date purchased, current amount owed (e.g., mortgage or lien), and net value of the asset.
- (33) List the total of all "Stocks/Bonds/CD's" owned by the applicant.
- (34) "Automobiles" includes vehicles used for personal transportation. Include cars, pickup trucks, minivans and SUV's.
- (35) "Trucks/Boats/Motorcycles" includes any type of mechanically powered vehicle other than those listed in (34) above.
- (36) Other Valuable Property may include precious metals and/or stones, works of art, valuable collections, electronic equipment, farm equipment, etc. This category does not include home furnishings and clothing.
- (37) "Cash on Hand" includes any U.S. currency immediately available to the applicant.
- (38) "Money owed to applicant" includes tax refunds, anticipated dividends, or any accounts payable expected from an individual or an organization for which agreed upon services or goods were provided by the applicant for an agreed upon price.
- (39) "Other" refers to any other type of asset owned by the applicant to which a dollar value can be attached.
- (40) Enter the name of the financial institution at which the checking account is held, the account number, and the current available balance.
- (41) Enter the name of the financial institution at which the savings or money market (or similar) account is held, the account number, and the current available balance.
- (42) Enter the "Grand Total" of the applicant's assets by adding together the amounts entered in the "Estimated Value" column.

VII. MONTHLY LIABILITIES / OTHER EXPENSES

The applicant must enter the monthly amount of each "Type of Liability" listed in this section. The following instructions clarify the liabilities about which information is requested.

- (43) "Rent/Mortgage" refers to any payment made for living quarters. The total amount paid must be entered in this space.
- (44) "Food" refers to the amount spent on food by the applicant's household. The dollar value of food purchased with food stamps/cards should be included in the amount entered.
- (45) "Electric" refers to the cost of electricity purchased from a regulated electricity provider. If the cost of electricity is included in the monthly rent, no dollar amount should be entered here.

- (46) "Gas" refers to the cost of natural gas or L.P. gas purchased from a regulated natural gas or L.P. gas provider. If this cost is included in the monthly rent, no dollar amount should be entered here.
- (47) "Fuel" refers to the cost of gasoline purchased for purposes other than transportation to and from work, plus the amount of other fuels purchased for other necessary reasons such as heating and the operation of farm machinery.
- (48) "Telephone" refers to the cost of all local and long distance telephone calls. Include mobile or cell phones.
- (49) "Cable" refers to the cost of cable television and/or internet service.
- (50) "Water/Sewer/Trash" refers to the cost of each of these services. If the applicant is not billed directly for one or more of these services, no dollar amount should be entered here.
- (51) "Credit Cards" refers to the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant. *If other bills listed in Section VII are paid with a credit card, the dollar amounts should not be included here, otherwise they would be double-counted.*
- (52) "Loans" refers to the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (53) "Taxes Owed" refers to the monthly amount of federal, state, and local taxes owed by the applicant. These include current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (54) "Other" refers to any other regular monthly expenditure (e.g. education for children or self, rent-to-own items, etc.).
- (55) Enter the "Grand Total E" by adding together all the liabilities and other expenses in the section.

VIII. GRAND TOTALS

- (56) Enter the "ADJUSTED TOTAL INCOME." This is the same as number (31) of these instructions.
- (57) Enter the "TOTAL ASSETS." This is the same as number (42) of these instructions.
- (58) Enter the "LIABILITIES & OTHER." This is the same as number (55) of these instructions.

IX. AFFIDAVIT OF INDIGENCY

- (59) Print or type the name of the applicant (the person named in the "Name/Applicant" box on the reverse side, number (1) of these instructions).
- (60) Enter the signature of the applicant and the date of signature as witnessed by a notary public or other individual who is duly authorized to administer an oath.

TO BE COMPLETED BY A NOTARY PUBLIC OR OTHER INDIVIDUAL WHO IS DULY AUTHORIZED TO ADMINISTER AN OATH

- (61-62) Enter the date the signing of the affidavit was witnessed.
- (63) Enter the city or location where the affidavit was witnessed.
- (64) Enter the county in which the signing of the affidavit was witnessed.
- (65) Enter the state in which the signing of the affidavit was witnessed.
- (66) The notary public or individual administering the oath must sign the form. If a notary, please include the notary stamp.
- (67) Print the title of the individual administering the oath and witnessing the signing.

TO BE COMPLETED BY THE JUDGE

X. JUDGE CERTIFICATION

This section of the form should only be completed if the applicant is unable to fill out the financial disclosure form and/or sign the affidavit of indigency. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.

- (68) List the reason the applicant is unable to sign the form.
- (70) The judge must sign and date any form that cannot be properly completed by the applicant.

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY
 (\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Name/Applicant (1)	Party Represented (if different from applicant) (2)	D.O.B. (3)
Mailing Address (4)	City (4)	State (4) ZIP (4)
Case No. (5)	Phone () (6)	Message Phone (within 48 hours) () (7)

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1) (8)	D.O.B. (9)	Relationship (10)	Name 3)	D.O.B.	Relationship
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)	(11)			
Unemployment	(12)			
Worker's Comp.	(13)			
Pension/Social Security	(14)			
Child Support	(15)			
Works First/TANF	(16)			
Disability	(17)			
Other	(18)			

Employer's Name (for all household members) (20)	A. TOTAL INCOME	\$ (19)
Employer's Address (21)		Phone () (21)

IV. ALLOWABLE EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	(22)
Child Care (if working only)	(23)
Transportation for Work	(24)
Insurance	(25)
Medical/Dental	(26)
Medical & Associated Costs Of Caring for Infirm Family Members	(27)
B. EXPENSES	\$ (28)

Total Income – Allowable Expenses = Adjusted Total Income

A. TOTAL INCOME	\$ (29)
B. EXPENSES	\$ (30)
C. ADJUSTED TOTAL INCOME	\$ (31)

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$ Date Purchased: (32) Amt. Owed:\$	
Stocks / Bonds / CD's	(33)	
Automobiles	(34)	
Trucks / Boats / Motorcycles	(35)	
Other Valuable Property	(36)	
Cash on Hand	(37)	
Money Owed to Applicant	(38)	
Other	(39)	
Checking Acct. (Bank / Acct. #)	(40)	
Savings/MM Acct. (Bank / Acct. #)	(41)	

D. TOTAL ASSETS \$ (42)

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		
Rent / Mortgage	(43)		
Food	(44)	C. ADJ. TOTAL INCOME	(56)
Electric	(45)		
Gas	(46)	D. TOTAL ASSETS	(57)
Fuel	(47)		
Telephone	(48)	E. LIABILITIES & OTHER	(58)
Cable	(49)		
Water / Sewer / Trash	(50)	\$25.00 APPLICATION FEE NOTICE	
Credit Cards	(51)	By submitting this Financial Disclosure Form/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 court, the public defender, your appointed counsel or any other party who will make a determination regarding your indigency.	
Loans	(52)		
Taxes Owed	(53)		
Other	(54)		
E. LIABILITIES & OTHER EXPENSE	(55)		

IX. AFFIDAVIT OF INDIGENCY

I, (59) (affiant) being duly sworn, say:

- I am financially unable to retain private counsel without substantial hardship to me or my family.
- 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.
- I understand that if it is determined by the county, or by 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.
- 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.

(60)

Affiant's Signature

Notary Public/Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this (61) day of (62), at (63), County of (64) and State of (65).

(66)

(67)

Signature of person administering oath

Title (please print)

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: (68).

I have determined that the applicant meets the criteria for receiving court appointed counsel.

(69)

Judge's Signature

Date