ERIE COUNTY PUBLIC DEFENDER
247 Columbus Avenue, Suite 37 Sandusky, Ohio 44870
Phone (419) 627-6620 Fax (419) 627-6633
publicdefender@eriecounty.oh.gov

This Section for Office Use Only: **Application Date:** _____

History: **Current Atty:** _____ **Current Court:**_____ **Judge:** _____
Current Atty: _____ **Current Court:**_____ **Judge:** _____
Last Prior Atty: _____ **Last Court:** _____ **Yr. of last Rep:** _____

Conflicts: **Co-Defendant:** _____ **Atty:** _____
Co-Defendant: _____ **Atty:** _____
Co-Defendant: _____ **Atty:** _____
Listed Victim: _____ **Atty:** _____
Listed Victim: _____ **Atty:** _____

Current Assignments: **Atty:** _____ **Court :** _____ **Hrg. Date:** _____
Atty: _____ **Court:** _____ **Hrg. Date:** _____
Atty: _____ **Court:** _____ **Hrg. Date:** _____

Basis for Non-Assignment: _____

Contribution Fee: _____ **Incarcerated:** _____ **Txt Msg. Approval:** _____

PERSONAL INFORMATION

You must fill out the Application completely. Include as much information as possible. Incomplete applications cause delays in the appointment of legal counsel.

_____ _____ _____ _____
First Name Middle Initial Current Last Name Suffix (Jr.Sr.,III)

_____ _____
Prior Last Name or Maiden Name List any Alias Name(s) you have gone by

Date of Birth: _____ Last four digits of SSN: _____

Are you a U.S. Citizen? _____ Where were you born? _____

Your Identified Gender: _____ Your Identified Race: _____

_____
Your Current Mailing Address (Include city, state, and zip code)

_____ _____
Your Current Phone # Current E-mail

NOTE: If assigned an Office Attorney, the Public Defender's office can send a text reminder of your hearings and appointments to your current phone.

Would you like to receive text reminder? ☐ Yes ☐ No Alt # for text messages: _____

_____

If incarcerated, name and address of Institution

_____ _____

Inmate Number Expected Release Date

_____ _____

Name of Parole or Probation Officer if Applicable Name of Court you are on Probation with

_____ _____

Name of Employer Address of Employer

_____ _____

Phone number of your Employer Days and hours/shift you typically work

_____ _____

If unemployed due to disability, what is the disability How long have you been disabled

_____ _____

If not employed and not disabled, name of person currently paying your living expenses Relationship to person assisting with living expenses

_____ _____

Name of Emergency Contact Person Relationship of contact person

_____ _____

Address of Contact Person Telephone Number of Contact Person

CASE INFORMATION

The Erie County Public Defender's Office only handles cases in Sandusky Municipal Court (SMC), Erie County Municipal Court (ECC), Huron Municipal Court (HMC), Vermilion Municipal Court (VMC), Erie County Common Pleas Court (CP), Erie County Juvenile Court (JUV), Kelleys Island Mayor's Court (KIMC), Milan Mayor's Court (MMC), and Bellevue Municipal Court (BMC) – Erie County cases only. If you have cases pending in any other Court please contact those Courts directly for assistance with legal counsel.

Please fully disclose what charges and what court hearings you are applying for assistance with. If you have several charges pending, or have charges pending in more than one court, to assure that an attorney is being appointed on all matters, it is your duty to list all courts and charges on your application.

You will need to submit a new application if you obtain new charges while being represented by an attorney appointed by or through the Office. Do not assume that your assigned counsel will continue to represent you on new or different matters. If a new case arises you will need to submit a new application for the additional case.

You should attach copies of any court papers you have to your application.

Charge	Case Number	Court
Charge	Case Number	Court
Charge	Case Number	Court
Charge	Case Number	Court
Charge	Case Number	Court

If you are not out on bond please provide us with any information that may help us to get you out on bond. _____

_____

Co-Defendants: Please list the names of anyone who may have been charged with you: _____

_____

Alleged Victims: Please list the names of any possible Victim(s) allegedly involved in your case: _____

_____

FINANCIAL INFORMATION

You must fully and truthfully complete and sign your application and Financial Disclosure Form. Unsigned or incomplete applications or financial disclosure forms are considered incomplete and cannot be approved unless and until fully completed.

You must call the Public Defender's Office at least 24 hours after submitting an application. Many times the application cannot be approved because the office has questions about the application. It is your duty to call the office and find out whether the application has been approved. Further, the office needs at least 24 hours to approve an application. If you have a court hearing within 24 hours of submitting an application it is your responsibility to appear at the Court hearing on your own and advise the Court that you are seeking legal assistance and need a continuance to obtain counsel.

You must keep the office advised of any changes to your application or contact information. If you move, change your phone number, or obtain a new job, you must contact the office and advise us of any changes.

Fees In addition to an Application fee detailed in the financial disclosure form, a Client Contribution fee may be assessed based on information provided in your financial disclosure form. Payment of any Contribution Fee must be paid directly to the Public Defender's office by a money order made payable to "The Erie County Treasurer."

Notice of Records Retention and Destruction: Any client file opened to an office attorney shall be maintained and destroyed in compliance with the office record retention policy. Currently, Felony case files are destroyed fifteen (15) years after a case is closed. All other client files are destroyed two (2) years after a case is closed.

_____ _____

Applicant's Signature Date

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION

Applicant's Name	D.O.B.	Name of Person Being Represented *(if juvenile)*	D.O.B.

Mailing Address	City	State	Zip Code

Case No.	Phone ( )	Cell Phone ( )

SSN Last 4	Gender	Race
		☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	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 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 (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 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.

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.

_____ _____

Signature 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, Workers 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.

SUBMIT