

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

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

Children's Information

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent #2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent #2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent #2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent #2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent #2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Child's Name: _____ **DOB:** _____ **School:** _____

Parent #1: _____ **Parent# 2:** _____ **Custodian:** _____

Child's Identified Race: _____ **Child's Identified Gender:** _____

Are you or your children of Native American Heritage? ___ Yes ___ No ___ N/A

If yes, please identify the Tribe _____

Total number of children living in home: _____

PROJECT INFORMATION

This project is a pre-petition initiative that allows our office to assist you with many barriers that you may be experiencing. The scope of this project includes parents and children who may be facing difficulties in school or who may be involved with Job and Family Services. This project allows our office to represent you before a case is filed in court and to continue to represent you in the event that a case is filed in court. Below are a list of areas which may be something that you are having challenges in. If they do not apply to you, please mark Not Applicable (N/A). Once this application is complete our office will examine the information for conflicts checks and the nature of the challenges and contact you regarding the assistance that may be provided.

Have you been contacted by Job and Family Services regarding any concerns that they may have or about an allegation against you? ____ Yes ____ No ____ N/A If yes: _____

What services have they indicated that they think your family needs? _____

Have they enacted a safety plan for your family? ____ Yes ____ No

What are the conditions of the safety plan? _____

Is your child (ren) having difficulties with school attendance? ____ Yes ____ No ____ N/A. If so please describe:

Have you been charged with a criminal offense or have outstanding criminal charges? ____ Yes ____ No ____ N/A
If yes please list charges and court:

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

FINANCIAL INFORMATION

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

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 Legal Name		Applicant's Preferred Name and Pronoun			D.O.B.
Mailing Address				City	
State	Zip Code	Case No.	Phone () -	Cell Phone () -	
SSN Last 4	Gender	Race (double-click to de-select)			
		American Indian or Alaska Native Spanish or Latino	Asian White	Black or African American Other	Native Hawaiian or Pacific Islander

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 <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 / 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

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. 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 R.C. 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.