

**ERIE COUNTY PUBLIC DEFENDER**  
**220 Columbus Avenue Sandusky, OH 44870**  
**Phone (419) 627-6620 Fax (419) 627-6633**

**This Section for Office Use Only:**

**Date Application Submitted:** \_\_\_\_\_

**Next Court Date:** \_\_\_\_\_

**Person Receiving Services:** \_\_\_\_\_

**Court Being Served:** \_\_\_\_\_

**Attorney Assigned:** \_\_\_\_\_

**Client Contribution Fees:** \_\_\_\_\_

**APPLICATION AND INSTRUCTIONS**

1. **You must fill out the application completely.** Include as much information as possible. Incomplete applications cause delays in the appointment of your attorney.
2. **You must fully and truthfully disclose your income.** Even if you are temporarily not working because you are in jail, you must report where you have been working and how much you earn. Persons can have some income and qualify for public defender assistance. Further, it is a crime to submit a false affidavit to obtain services. Protect yourself. Be truthful about all disclosures.
3. **You must disclose the names and income of all persons you live with.** Under Ohio Law we must consider household income when determining indigency. Further, under Ohio Law a person cannot be denied assistance solely because a friend living in the home has resource adequate to retain counsel. As such, you need to disclose this information to the best of your knowledge.
4. **You need to attach your most recent payroll stub to the application.** If you are not in jail, and are working, you must provide proof of income. Your most recent payroll stub is sufficient. If you are self-employed, then a copy of your last tax return is sufficient. If you are in jail, you need to provide this documentation to the office upon your release.
5. **You need to fully disclose what charges and what court hearings you are applying for assistance on.** 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.
6. **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 matters. If a new case arises you will need to submit a new application for the additional case.
7. **You should attach copies of any court papers you have to your application.**
8. **You must call the Public Defender's Office at least 24 hours after submitting an application.** Do not assume that any attorney has been appointed to you simply because you submitted an application to the office. 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, because of the number of applications the office receives, 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.
9. **You must sign the application and financial disclosure.** Unsigned applications are considered incomplete and cannot be approved unless and until fully completed.
10. **You must keep the office advised of any changes to your application.** If you move, change your phone number, or obtain a new job, you must contact the office and advise us of any changes.
11. **FEES.**
  - A. **Application Fees.** Under Ohio Law the Court must assess you a \$25.00 Court fee for processing your Public Defender Application. Unless the Judge waives this fee, you will be required to pay the fee to the Court in accordance with the Court's order. Do not submit this fee to the Public Defender's office.
  - B. **Contribution Fees.** Separate from any fee imposed by the Court, you may be assessed a fee by the Public Defender's office as a condition of representation by the Office. The amount of the fee will be determined by the Public Defender based on the information provided in your financial affidavit. Payment of any fee assessed by the Public Defender's office must be paid directly to the Public Defender's office, by a money order made payable to "The Erie County Treasurer."

# PERSONAL INFORMATION

**IF CURRENTLY IN JAIL, PLEASE GIVE THE DATE OF YOUR ARREST (IN DATE).** \_\_\_\_\_

\_\_\_\_\_  
Name of Person Receiving Services

\_\_\_\_\_  
Maiden Name, Prior Name, or Alias

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address of your residence (include city, state, and zip code)

\_\_\_\_\_  
Address to be used for mailing (only if differs from your residence)

\_\_\_\_\_  
If incarcerated give address of institution

\_\_\_\_\_  
Inmate Number

\_\_\_\_\_  
If on parole please give name of Parole Officer

\_\_\_\_\_  
If on probation give name of court you are on probation through,  
and Name of Probation Officer

\_\_\_\_\_  
Home telephone number

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
Number of people currently living in your home

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of your employer

\_\_\_\_\_  
Address of your employer

\_\_\_\_\_  
Phone number of your employer

\_\_\_\_\_  
Days and hours/shift do you typically work

\_\_\_\_\_  
If unemployed due to disability, what is the type of disability

\_\_\_\_\_  
How long have you been disabled

\_\_\_\_\_  
If applicable, the name of your alternate payee

\_\_\_\_\_  
If applicable, the address of your alternate employee

\_\_\_\_\_  
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 to contact person

\_\_\_\_\_  
Address of Contact Person

\_\_\_\_\_  
Telephone number of Contact Person

**CASE INFORMATION**

The Erie County Public Defender's Office handles cases in the Erie County Court of Common Pleas, Juvenile and General Divisions, the Erie County Court in Milan, the Huron Municipal Court, the Sandusky Municipal Court, and the Vermilion Municipal Court, as well as Mayor's Courts in Erie County. **If you are applying for an attorney on cases pending in more than one court, you will need to advise us of all Courts where you have cases pending.**

**Courts in which we currently practice:** Sandusky Municipal Court (SMC), Erie County Municipal Court (ECC), Huron Municipal Court (HMC), Erie County Common Pleas (ECCP), Erie County Juvenile Court (JUV), Vermilion Municipal Court (VMC)

**I have the following charges pending:**

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

If out on bond, what type of bond? \_\_\_\_\_  
(Cash, surety (bail through bondsman), property, of own recognizance (O.R.) \_\_\_\_\_ Amount Posted

If bond was through a bondsman please provide the name of bondsman. \_\_\_\_\_

If cash was posted please provide the name of the person posting the cash. \_\_\_\_\_

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: If you know, please list the names of any possible victims in your case. \_\_\_\_\_

**I HAVE READ THE ABOVE NOTICE AND REALIZE MY RESPONSIBILITY THEREIN.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

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

### I. PERSONAL INFORMATION

Applicant's Name	D.O.B.	Person Represented's Name <i>(if juvenile)</i>	D.O.B.
Mailing Address	City	State	Zip Code
Case No.	Phone ( )	Cell Phone ( )	

### 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			
<b>TOTAL INCOME</b>			<b>\$</b>

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	\$
<b>Total Liquid Assets</b>	<b>\$</b>

### 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)	
<b>EXPENSES</b>	<b>\$</b>	<b>EXPENSES</b>	<b>\$</b>

### 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 / 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 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. AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_ (applicant or alleged delinquent child) being duly sworn, 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.

\_\_\_\_\_  
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 \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title (example: Notary, Deputy Clerk of Courts, etc.)

**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 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		
<b>TOTAL INCOME</b>		<b>\$</b>

\*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.