

INDIGENCY AFFIDAVIT

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 hrs)	
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					
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	Total Income- Allowable Expenses= Adjusted Total Income		
Child Support Paid Out					
Child Care (if working only)			A. TOTAL INCOME		
Transportation for Work					
Insurance			- B. EXPENSES		
Medical/Dental					
Medical & Associated Costs Of Caring for Infirm Family Members			C. ADJUSTED TOTAL INCOME		
B. EXPENSES		\$			
			D. TOTAL ASSETS		
VI. ASSET INFORMATION					
Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)			Estimated Value	
	Price: \$	Date Purchased:	Amt. Owed: \$		
Real Estate/Home					
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. #)					

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount	C. ADJ. TOTAL INCOME	<input type="text"/>
Rent/Mortgage		D. TOTAL ASSETS	<input type="text"/>
Food		E. LIABILITIES & OTHER	<input type="text"/>
Electric			
Gas			
Fuel			
Telephone			
Cable			
Water/Sewer/Trash		\$25.00 APPLICATION FEE NOTICE By submitting this Financial Disclosure Form/Affidavit of Indigency Form, you may 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.	
Credit Cards			
Loans			
Taxes Owed			
Other			
E. LIABILITIES & OTHER EXPENSES			

IX. AFFIDAVIT OF INDIGENCY

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

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 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.
4. 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.
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 _____ 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