

CAROLYN A. DUVELIUS
JENNA L. SEITZ
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Magistrates



LAURA A. SCHNECKER
Court Administrator

JOHN C. KASPAR
Staff Attorney/Mediator

INDIGENCY AFFIDAVIT INSTRUCTIONS

Today's Date: _____

Case Name and/or Case Number: _____

Person Requesting Counsel: _____

Phone Number of Parent/ Custodian/ Applicant: _____

Email of Parent/ Custodian/ Applicant: _____

Please return this form to the Court no later than **SEVEN** days **ON OR BEFORE** _____. **Contrary to the instructions on the affidavit, the Court requires every section on the form to be completed whether the person requesting counsel is an adult or a juvenile.** If an item is inapplicable to your situation write N/A in that box. If the person requesting counsel is a juvenile, the juvenile's parent or custodian shall provide their income for potential recoupment purposes. Your completed indigency affidavit must be accompanied by proof of income when returned to the Court.

Any of the following documents can be submitted as proof of income:

1. Copy of last paycheck stub
2. Copy of last year's Federal/State Income Tax Returns
3. Social Security Benefits: Letter of award or copy of check stubs
4. Worker's Compensation: Verification letter of award or copy of check stub

Any of the following documents can be submitted as proof of unemployment, presumptive eligibility, and how you pay your living expenses:

1. Unemployment: Verification letter of award or copy of check stub
2. Letter from Metropolitan Housing Authority: Public Housing, Utility Assistance
3. Letter from the Department of Job and Family Services/ Human Services: Food Stamps

You may deliver the completed affidavit to the Warren County Juvenile Court Clerk's Office between the hours of 8:00 am through 4:00 pm. You may also mail, fax, or email your completed affidavit and supporting documents:

Warren County Juvenile Court

900 Memorial Drive
Lebanon, Ohio 45036

Fax: 513-695-2948

Email: juvenilecomplaints@co.warren.oh.us

Please note that any applicant whose own income or parent/ custodian's income is at or above 187.5% of the Federal Poverty Guidelines will have to pay a portion or the entirety of their attorney fees should they choose to accept court appointed counsel.

Probate Division
513 695 1180
513 695 2945 (Fax)

Juvenile Division
513 695 1160
513 695 2948 (Fax)

Detention Center
513 695 1393
513 695 1394 (Fax)

Mary Haven
513 695 1366
513 695 1839 (Fax)

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)		
		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Spanish or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> 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 <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

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.

APPENDIX

2023 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$14,580	\$1,215.00	\$27,338	\$2278.00
2	\$19,720	\$1,643.33	\$36,975	\$3,081.00
3	\$24,860	\$2,071.67	\$46,613	\$3,884.00
4	\$30,000	\$2,500.00	\$56,250	\$4,688.00
5	\$35,140	\$2,928.33	\$65,888	\$5,491.00
6	\$40,280	\$3,356.67	\$75,525	\$6,294.00
7	\$45,420	\$3,785.00	\$85,163	\$7,097.00
8	\$50,560	\$4,213.33	\$94,800	\$7,900.00

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹ Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

² SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³ Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI): 138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴ Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

⁵ Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 6)