

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 (if juvenile)	D.O.B.
Mailing Address	City	State	Zip Code
Case No.	Phone ()	Cell Phone ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B.	Relationship	Name 3)	D.O.B.	Relationship
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 / 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		
	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.

FRANKLIN MUNICIPAL COURT
PROBATION DEPARTMENT
400 Anderson Street Suite B
Franklin, Ohio 45005
937-743-5012

Ronald W. Ruppert
Judge

KATIE PERDUE
Chief Probation Officer

**THIS COURT CAN ONLY ADDRESS CASES FILED IN
THIS COURT**

The Court has provided this packet for the purpose of making application for Sealing of Record in this Court. All documents in the packet are to be completed by the applicant's attorney or applicant if acting without advice of counsel. Court and probation staff may not assist you in completion of the documents.

Upon completion, the application is to be returned to the Franklin Municipal Court along with the filing fee of \$50 for Sealing of Record of Conviction.

The Probation Department will conduct a required criminal record check and background investigation to determine your eligibility for Sealing of Record of Conviction or Sealing of Record after Not Guilty or Dismissal. Following completion of the investigation, you will be notified by mail of the hearing date which will be scheduled by the Clerk of Court.

PLEASE READ ALL DOCUMENTS AND COMPLETE ALL FORMS CAREFULLY AND COMPLETELY. IF A QUESTION DOES NOT APPLY TO YOUR CASE, PLEASE INITIAL THE SPACE. ALL QUESTIONS MUST BE ANSWERED OR INITIALIZED.

IMPORTANT: SEALING OF RECORD WILL NOT BE COMPLETED WITHOUT CASE NUMBERS FOR ALL CHARGES. THIS INFORMATION IS AVAILABLE FROM THE CLERK OF COURT.

IF YOUR CONVICTION OCCURRED IN ANOTHER COURT, YOU MUST FILE IN THAT COURT OR WARREN COUNTY COMMON PLEAS COURT IF CONVICTION OCCURRED OUT OF STATE.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

I hereby authorize the release of all confidential records and information concerning me to the Department of Probation for the Franklin Municipal Court for the purpose of investigation, treatment, or supervision, or any other purpose under Ohio law.

Signature

Date

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

I hereby authorize the release of all confidential records and information concerning me to the Department of Probation for the Franklin Municipal Court for the purpose of investigation, treatment, or supervision, or any other purpose under Ohio law.

Signature

Date

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

I hereby authorize the release of all confidential records and information concerning me to the Department of Probation for the Franklin Municipal Court for the purpose of investigation, treatment, or supervision, or any other purpose under Ohio law.

Signature

Date

FRANKLIN MUNICIPAL COURT
PROBATION DEPARTMENT
400 Anderson Street Suite B
Franklin, Ohio 45005
(937) 743-5012

Ronald W. Ruppert
Judge

KATIE PERDUE
Chief Probation Officer

1) Name: (List aliases, maiden name, and/or legal name changes since the age of 18)

2) Current home address:

3) SS#: _____ DOB: _____

4) List all Cities/States you have lived in since the age of 18: _____

5) Current place of employment: _____

If not employed, current source of income: _____

6) **LIST CHARGES AND CASE NUMBERS YOU WANT SEALED**

Charge _____ Case# _____

Charge _____ Case# _____

7) Was there a victim? Name: _____ Age: _____

Relationship: _____

8) Reason for requesting Sealing of Record: _____ Employment Purposes
_____ Housing Purposes
_____ Educational Purposes _____ Other _____

9) **LIST ANY PRIOR RECORD IN ANY OTHER COURT INCLUDING TRAFFIC OFFENSES:**

I, the undersigned, acknowledge that the above information is true and correct to the best of my ability.

SIGNATURE OF APPLICANT

PHONE

DATE