

Applicant Indigency Verification Instructions

The Court must determine your indigency eligibility status prior to accepting your filing(s). **Please read the instructions below carefully and present the following information during the verification process:**

- You will be required to provide **proof of identification** for **you** and your **dependents**.
- You will be required to provide **proof of employment and income**.
- If you receive any form of public assistance such as food assistance, medical and/or cash benefits, a resident of Greene Metropolitan Housing Authority (Greene Met), you will be required to provide **proof of public assistance**. A benefits eligibility printout is acceptable. You may receive a copy of the benefits eligibility print from Jobs and Family Services located 541 Ledbetter Ave., Xenia, OH 45385.
- If it is determined that you are **“Not Indigent”**, appropriate filing fees must be paid prior to accepting your filing(s) at the Clerk’s Office, 2nd Floor. If you have any questions, please call 937.562.4000.

Acceptable Documentation

Proof of Identification

Must provide **one** of the following for **You** and your **dependents**

PLUS

Proof of Employment and Income
(within the past 6 months):

Must provide **one** applicable source of income

<ul style="list-style-type: none"> ○ Driver’s license or State ID ○ Birth Certificate (children under 18) ○ Employee Photo Identification Card ○ School Photo Identification Card ○ Unexpired Immigration documentation for all Applicable household members ○ Resident Alien Cards, Visas or Passports 	<ul style="list-style-type: none"> ○ Two most recent payroll check stubs ○ Employment Verification form ○ Workers Compensation – Benefit Letter ○ Employer Statement of earnings on company letterhead ○ Court Orders/checks for Child Support/Alimony ○ Unemployment Award letter/check stub ○ Entire 1040 Tax Return & Schedule C ○ Active Bank Account: savings/checking ○ TANF ○ SNAP/EBT Award Letter ○ Medicaid/Award Letter ○ Resident of Greene Met Public Housing ○ Current award letter/copies of checks: SSI, RSDI, VA, SOC.SEC., TANF
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CASE NUMBER: _____

CASE NAME: _____

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 <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.

NOTICE – Adult Cases

Indigent Application Fee

Pursuant to Ohio Revised Code Section 120.36, every person who applies for or is appointed a public defender or court-appointed attorney must pay an indigent application fee of \$25.00 to the Court where the case is pending.

The \$25.00 fee must be paid at the time the person files the Affidavit of Indigency with the Court, or within seven (7) days of said filing.

THE FEE IS NON-REFUNDABLE, EVEN IF THE COURT DETERMINES, UPON A REVIEW OF THE AFFIDAVIT OF INDIGENCY, THAT THE PERSON IS NON-INDIGENT.

The Court may waive the fee upon a finding that the person lacks financial resources that are sufficient to pay the fee or that payment of the fee would result in undue hardship.

A PERSON'S PRESENT INABILITY, FAILURE OR REFUSAL TO PAY THE FEE SHALL NOT DISQUALIFY THE PERSON FROM LEGAL REPRESENTATION.

I have read and understand this notice.

Signature of parent, custodian or guardian

Signature

Printed Name

Date

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.

Indigent Application Fee Paid

Yes: _____

No: _____

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
GREENE COUNTY, OHIO

AFFIDAVIT

STATE OF OHIO
COUNTY OF GREENE, ss

_____, being first duly cautioned and sworn, hereby states the following:

1. I am aware that _____ has submitted a Financial Disclosure Affidavit to the Greene County Juvenile Court claiming that he/she resides with me and that I pay all living and household expenses.
2. The said _____ does reside with me at

(Street) (City) (State)
and has no source of income.
3. I pay all living and household expenses associated with said residence.
4. I understand that submitting a false affidavit to a Court may result in a criminal offense being filed against me.

Affiant's Signature

Sworn to by _____ in my presence
this _____ day of _____, 20_____.

Notary Public or Deputy Clerk

**GREENE COUNTY JUVENILE COURT
AFFIDAVIT OF INCOME AND EXPENSES**

State of Ohio

Case No. _____

County of Greene, ss:

_____, being first duly cautioned and sworn, hereby states that the following information is true to the best of my knowledge.

Name of child for which child support is being determined: _____

Affiant's Name: _____

Address: _____ Apt.# _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Employer's Name: _____

Employer's Address: _____

Hourly Wage: _____ Date Employment Commenced: _____

Annual Gross Income: _____ # of Pay Periods Per Year: _____

Attached hereto are copies of my three (3) most recent pay stubs

Amount of Overtime and Bonuses:

Last Calendar Year: _____

Two Years Ago: _____

Three Years Ago: _____

All others Sources of income (interest, dividends, unemployment compensation, workers compensation, etc.):

Source: _____ Amount: _____

Source: _____ Amount: _____

Amount of Local, City, School District Taxes, Etc.: _____

Annual Court-Ordered support paid for other children: _____

Name of Court, Case Caption, and Case Number for said Order: _____

Any non-means-tested benefits, including social security and veteran's benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent.

Monthly Benefit Amount _____ Source of Benefit _____

Mandatory work-related deductions such as union dues, uniform fees, etc. (Please identify)

Name and Location of Day Care: _____

Annual Cost of Day Care: _____

Name of Health Insurer: _____ Policy No. _____

Monthly Cost of Health Insurance Premiums to add child(ren) to Insurance Plan: _____

Minor Child(ren) living with me, which is/are my natural child(ren) and the child(ren) of another parent (not the child(ren) who is/are the subject of this case.)

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Annual Child Support received for said child(ren): _____

Annual Court-Ordered spousal support (alimony) paid to former spouse: _____

Name of Court, Case Caption, and Case Number for said order: _____

Self-employed individuals must attach a copy of Schedule C of IRS Form 1040.

Affiant's Signature

Sworn to and subscribed before me this _____, day of _____
20_____.

Notary Public/Deputy Clerk