

## FINANCIAL DISCLOSURE FORM

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

### I. PERSONAL INFORMATION

Applicant's Name		D.O.B.	Name of Person Being Represented <i>(if juvenile)</i>		D.O.B.
Mailing Address			City	State	Zip Code
Case No.			Phone ( )	Cell Phone ( )	
SSN Last 4	Gender	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other			

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

