

APPLICATION FOR FILING FEE PAYMENT PLAN

The Summit County Juvenile Court requires that a filing fee be paid in certain instances.

The worksheet and Pro Se Motion provided in this packet is a request to be placed on a filing fee payment plan.

If your request for payment plan is approved, a fee of \$15 (per child) will be assessed and must be paid at the time of filing.

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION													
Applicant's Legal Name Applic					ant's Preferred Name and Pronoun					D.O.B.			
, production of the control of the c													
Mailing Address						City							
						Dhara Call Bhara							
State	State Zip Code Case No.				Phone			one	Cell Phone				
SSN Last 4	Gender	Race (dou	ble-click to	k to de-select)									
	American Indian or Alaska Native Asia												
Spanish or Latino White Other II. OTHER PERSONS LIVING IN HOUSEHOLD													
Name			D.O.B.		elationship		Name	IIV HOOSEH	OLD		D.O.B.		Relationship
Name D.O.B.			D.O.B.	Kelationship			3)				D.O.B.		Relationship
2)	·				4)								
,					III. PRE	SUMP	TIVE EL	IGIBILITY					
The appoint	ment of coun	sel is presu	med if the p	erson re	presented n	neets a	any of t	he qualifica	ations	s below. Please pl	ace an 'X'	•	
Ohio Works	Ohio Works First / TANF: SSI: SSD: Medicaid: Poverty Related Veterans' Benefits: Food Stamps:												
Refugee Sett	lement Benefi	its: Ir	ncarcerated	in state p	penitentiary:		Comm	itted to a P	ublic	: Mental Health Fa	cility:		
Other (please	e describe):								J	Juvenile: <i>(if ju</i>	venile, pled	ase conti	nue at Section VIII)
.,					IV. INC	COME /	AND EN	1PLOYER					,
Snousa						Total Incomo							
	Applicant (Do not include spouse's income if spouse is alleged victim) Total Income								Total income				
Gross Month	nly Employmer	nt Income		\$				\$				\$	
	ent, Worker's ner Types of Ind		ion, Child	\$				\$				\$	
	7,000									TC	TAL INC	COME	
Employer's N	lame:							Phone Nu	mber	r: ()	_		
										,			
Employer's A	.ddress:												
Type of Asse	at .				V	. LIQU	ID ASS	ated Value					
	vings, Money	Market Acco	ounts				\$						
Stocks, Bonds, CDs				\$									
Other Liquid Assets or Cash on Hand				\$									
				Т	otal Liquid A	Assets	\$						
					VI. N	MONT		PENSES					
Type of Expe					Amount			Type of Exp	ense	2			Amount
Child Suppor				\$			4 H	Telephone				\$	
Child Care (if working only)			\$	\$			Transportation / Fuel				\$		
Insurance (medical, dental, auto, etc.)			\$			<u> </u>	Taxes Withheld or Owed		or Owed		\$		
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member			\$			Credit Card, Other Loans		er Loans		\$			
Rent / Mortgage			\$				Utilities (Gas, Electric, Water / Sew		er, Trash)	\$			
Food \$						Other (Spec	ify)			\$			
			EXPENSES	-			1 F				EXPENS	-	

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

l,	(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						
DRC. §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	ς .			

^{*}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.

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

IN RE:)	CASE NO	
D.O.B:)	JUDGE LINDA TUCCI	ΓΕΟDOSIO
)	MAGISTRATE	
)))	MOTION FOR FILING PAYMENT PLAN	<u>FEE</u>
I,	,	do hereby request perm	ission to submit a
pleading for filing without full 1	pre-payment of th	ne filing fee of \$	I understand
that if I do not qualify for indig	gency status, I mu	st pre-pay the full filing fee. At th	nis time, and as
verified by the attached Affiday	vit of Indigency as	nd Financial Disclosure Form, I a	am only able to pre-
pay the sum of \$	I commit	to paying the remainder of the fi	ling fee on the
following schedule: \$	per		
		Res	spectfully submitted,
		Signature	
		Printed name	