

**Instructions for Completing
Financial Disclosure Form OPD 206R**
Revised September 2017

Section I. Personal Information

Complete this section with the applicant's name, contact information, and case number.

Section II. Other Persons Living in Household

Complete this section with the names of those with whom the applicant lives, who either have a duty to support the application or for whom the applicant has a duty to support, such as a spouse or dependent children. Do not include information about persons who share a household with the applicant but with whom the applicant shares no duty to support, such as roommates.

Section III. Presumptive Eligibility

If the applicant is currently receiving assistance from any of the governmental assistance programs listed in this section, check the line(s) next to the name of the program(s). Since that applicant has already been screened and deemed eligible for assistance by another government agency, you may presume the applicant's eligibility for court-appointed counsel. An applicant who is committed to a public mental health facility or who is incarcerated in a state penitentiary at the time of application may be presumed to be indigent and eligible for court-appointed counsel. *See Ohio Administrative Code section 120-1-03 (C).*

Section IV. Income and Employer

Complete this section with the gross monthly income and other financial support received by the applicant, including the name and contact information of their employer. If the applicant indicated in Section III that the applicant receives assistance from any of the listed programs, include the amount of monthly assistance received through that program in the second box of this section, which includes "other types of income."

- Compare the dollar amount in the box labeled Total Income in this section to OPD's *Indigent Client Eligibility Guidelines*. If applicant's total income falls at or below 187.5% of the federal poverty guidelines on this chart, the applicant must be given court-appointed counsel. *See OAC 120-1-03 (B)*. See Section V instructions below for potential ineligibility.

Section V. Liquid Assets

Complete this section with information about the applicant's liquid assets. An applicant's liquid assets can make an applicant ineligible for court-appointed counsel, even if his or her income falls below the guidelines. See *OAC 120-1-03 (D)(2)-(3)*.

Section VI. Monthly Expenses

OAC 120-1-03 states that the "pivotal issue in determining indigency is not whether the applicant ought to be able to employ counsel but whether the applicant is, in fact, able to do so." Therefore, an applicant whose gross monthly income falls above 187.5% of the federal poverty guidelines may still qualify for court-appointed counsel. If an applicant whose income exceeds 187.5% believes he or she is financially unable to employ counsel, complete this section with information about the applicant's basic monthly expenses.

Section VII. Determination of Indigency

If the applicant's total income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

Applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines can be subject to recoupment.

If the applicant's Liquid Assets in Section V exceeds figures provided in *OAC 120-1-03*, appointment of counsel may be denied *if the applicant can employ counsel using those liquid assets*.

If the applicant's Total Income falls above 187.5% of the Federal Poverty Guidelines, but is financially unable to employ counsel after paying the monthly expenses in Section VI, counsel must be appointed.

Section VIII. \$25.00 Application Fee Notice

This section provides notice to the applicant that he or she will be assessed a non-refundable \$25 application fee when submitting this form, unless that fee is waived or reduced by the court. No applicant may be denied counsel based upon failure or inability to pay this fee. See *ORC 120.36 (B)*.

IX. Applicant Certification

This section must be signed by the applicant, certifying that the information is correct, and true to the best of his or her knowledge.

X. Judge Certification

If the applicant is unable to complete this form (e.g. incarcerated person, etc.), in this section, the judge may determine the applicant is eligible for court-appointed counsel and should provide a brief description of why the applicant is unable to complete the form.

XI. Notice of Recoupment

This section provides notice to the applicant that if his or her gross monthly income falls at or above 125% of the federal poverty guidelines, he or she may be subject to recoupment. See *ORC 120-03 (B)(6)-(8)*, *OAC 120-1-05*, and *ORC 2941.51 (D)*.

Attorneys' fees and expenses cannot be taxed as part of the costs charged in a case. However, through recoupment, in the indigent client has, or reasonably may be expected to have the means to pay *some* of the costs of services rendered, the indigent client can be required to pay the county an amount that person reasonably can be expected to pay. See *ORC 2941.51 (D)*.

**IN THE WILLOUGHBY MUNICIPAL COURT
LAKE COUNTY, OHIO**

)	CASE NO.
)	
Plaintiff,)	JUDGE MARISA L. CORNACHIO
)	
vs.)	<u>FINANCIAL DISCLOSURE / FEE WAIVER</u>
)	<u>AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>
)	
)	

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name		Applicant's Last Name	
Applicant's Date of Birth		Last 4 Digits of Applicant's SSN	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$

Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, proceeding, or motion for filing.

Liquid Assets			
Type of Asset		Estimated Value	
Cash on Hand		\$	
Available Cash in Checking, Savings, Money Market Accounts		\$	
Stocks, Bonds, CDs		\$	
Other Liquid Assets		\$	
Total Liquid Assets		\$	
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Groceries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (Specify)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, (print name) _____, hereby, certify that the information I have provided on this financial disclosure form is true to the best of my knowledge and that I unable to prepay the costs or fees in this case.

Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Notary Public

If available, an individual duly authorized to administer this oath will do so at no cost to the Applicant.

ORDER

Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter.

Public Defender _____ Private Counsel Court Approved _____

Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter.

IT IS SO ORDERED

Judge Marisa L. Cornachio / Magistrate

Date

P/TEMPLATES/AFFIDAVIT OF INDIGENCY 7-219

Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

APPENDIX

2019 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	\$12,490	\$1,040.83	\$23,419	\$1,951.58
2	\$16,910	\$1,409.17	\$31,706	\$2,642.17
3	\$21,330	\$1,777.50	\$39,994	\$3,332.83
4	\$25,750	\$2,145.83	\$48,281	\$4,023.42
5	\$30,170	\$2,514.17	\$56,569	\$4,714.08
6	\$34,590	\$2,882.50	\$64,856	\$5,404.67
7	\$39,010	\$3,250.83	\$73,144	\$6,095.33
8	\$43,430	\$3,619.17	\$81,431	\$6,785.92

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.

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

²SSI 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)

³Medicaid 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

⁴Veterans 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

⁵Supplemental 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. 61)