

ERIE COUNTY PUBLIC DEFENDER
220 Columbus Avenue Sandusky, OH 44870
Phone (419) 627-6620 Fax (419) 627-6633

This Section for Office Use Only:

Date Application Submitted: _____ Next Court Date: _____

Name of Person Receiving Services: _____ Court Being Served: _____

Attorney Assigned: _____ Client Contribution Fee: _____

APPLICATION AND INSTRUCTIONS

1. **You must fill out the application completely.** Include as much information as possible. Incomplete applications cause delays in the appointment of your attorney.
2. **You must fully and truthfully disclose your income.** Even if you are temporarily not working because you are in jail, you must report where you have been working and how much you earn. Persons can have some income and qualify for public defender assistance. Further, it is a crime to submit a false affidavit to obtain services. Protect yourself. Be truthful about all disclosures.
3. **You must disclose the names and income of all persons you live with.** Under Ohio Law we must consider household income when determining indigency. Further, under Ohio Law a person cannot be denied assistance solely because a friend living in the home has resource adequate to retain counsel. As such, you need to disclose this information to the best of your knowledge.
4. **You need to attach your most recent payroll stub to the application.** If you are not in jail, and are working, you must provide proof of income. Your most recent payroll stub is sufficient. If you are self employed, then a copy of your last tax return is sufficient. If you are in jail, you need to provide this documentation to the office upon your release.
5. **You need to fully disclose what charges and what court hearings you are applying for assistance on.** If you have several charges pending, or have charges pending in more than one court, to assure that an attorney is being appointed on all matters, it is your duty to list all courts and charges on your application.
6. **You will need to submit a new application if you obtain new charges while being represented by an attorney appointed by or through the office.** Do not assume that your assigned counsel will continue to represent you on new matters. If a new case arises you will need to submit a new application for the additional case.
7. **You should attach copies of any court papers you have to your application.**
8. **You must call the Public Defender's Office at least 24 hours after submitting an application.** Do not assume that any attorney has been appointed to you simply because you submitted an application to the office. Many times the application cannot be approved because the office has questions about the application. It is your duty to call the office and find out whether the application has been approved. Further, because of the number of applications the office receives, the office needs at least 24 hours to approve an application. If you have a court hearing within 24 hours of submitting an application, it is your responsibility to appear at the Court hearing, on your own, and advise the Court that you are seeking legal assistance and need a continuance to obtain counsel.
9. **You must sign the application and financial disclosure.** Unsigned applications are considered incomplete and cannot be approved unless and until fully completed.
10. **You must keep the office advised of any changes to your application.** If you move, change your phone number, or obtain a new job, you must contact the office and advise us of any changes.

11. **FEES.**

- A. **Application Fees.** Under Ohio Law the Court must assess you a \$25.00 Court fee for processing your Public Defender Application. Unless the Judge waives this fee, you will be required to pay the fee to the Court in accordance with the Court's order. Do not submit this fee to the Public Defender's office.

- B. **Contribution Fees.** Separate from any fee imposed by the Court, you may be assessed a fee by the Public Defender's office as a condition of representation by the Office. The amount of the fee will be determined by the Public Defender based on the information provided in your financial affidavit. Payment of any fee assessed by the Public Defender's office must be paid directly to the Public Defender's office, by a money order made payable to "The Erie County Treasurer."

Thank you for your cooperation in this matter.

PERSONAL INFORMATION

_____ Name of Person Receiving Services	_____ Maiden Name, Prior Name, or Alias
_____ Date of Birth	_____ Social Security Number
_____ Address of your residence (include city, state, and zip)	_____ Address to be used for mailing (if not to residence)
_____ If incarcerated, address of the Institution	_____ Inmate Number
_____ If on Parole, Name of Parole Officer	_____ If on Probation, name of Court you are on Probation for, and Name of Probation Officer
_____ Home Telephone	_____ Cell Phone
_____ Number of People living in your home	
_____ Name of Your Employer	_____ Address of Your Employer
_____ Work Telephone	_____ What days and hours/shift do you typically work
_____ If unemployed due to disability, what is the type of Disability	_____ How long have you been disabled
_____ If applicable, the name of your Alternate Payee	_____ If applicable, the address of your Alternate Payee
_____ If not employed, and not disabled, name of person Currently Paying your living expenses	_____ Relationship to person assisting with living expenses
_____ Name of Emergency Contact Person	_____ Relationship to Contact Person
_____ Address of Contact Person	_____ Telephone Number of Contact Person

CASE INFORMATION

The Erie County Public Defender's Office handles cases in the Erie County Court of Common Pleas, Juvenile and General Divisions, the Erie County Court in Milan, the Huron Municipal Court, the Sandusky Municipal Court, and the Vermilion Municipal Court, as well as Mayor's Courts in Erie County. If you are applying for an attorney on cases pending in more than one court, you will need to advise us of all Courts where you have cases pending.

I have the following charges pending in _____
(Name of the court)

Charge	Case Number
Charge	Case Number
Charge	Case Number
Charge	Case Number

I also need an attorney for charges pending in the following court: _____

Charge	Case Number
Charge	Case Number
Charge	Case Number
Charge	Case Number

If out on bond, what type and amount of bond posted: _____
(Cash, surety (bail through bondsman), property, of own recognizance (O.R.))

If bond was through a bondsman, the name of the bondsman: _____

If cash was posted, the name of the person posting the cash: _____

If you are not out on bond, what should we know to help try and get you out on bond:

Co-Defendants: What are the names of other people that may have been charged with you:

Alleged Victims: If you know, what are the names of any possible victims in this case:

I HAVE READ THE ABOVE NOTICE AND REALIZE MY RESPONSIBILITY THEREIN.

CLIENT: _____ DATE: _____

FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY
 (\$25.00 application fee may be assessed—see notice on page 5)

I. PERSONAL INFORMATION			
Name/Applicant	Party Represented (if applicant, enter "same") D.O.B.		
Mailing Address	City	State	Zip
Case No.	Phone ()	Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD					
Name 1)	D.O.B.	Relationship	Name 3)	D.O.B.	Relationship
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION				
Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Compensation				
Pension/Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Employer's Name (for all household members)			A. TOTAL INCOME	
Employer's Address			Phone ()	

IV. ALLOWABLE EXPENSES		V. TOTAL INCOME							
Type of Expense	Amount	Total Income-Allowable Expenses=Adjusted Total Income <table border="1"> <tr> <td>A. TOTAL INCOME</td> <td></td> </tr> <tr> <td>- B. EXPENSES</td> <td></td> </tr> <tr> <td>= C. ADJUSTED TOTAL INCOME</td> <td></td> </tr> </table>		A. TOTAL INCOME		- B. EXPENSES		= C. ADJUSTED TOTAL INCOME	
A. TOTAL INCOME									
- B. EXPENSES									
= C. ADJUSTED TOTAL INCOME									
Child Support Paid Out									
Child Care (if working only)									
Transportation for Work									
Insurance									
Medical/Dental									
Medical & Associated Costs of Caring for Infirm Family Members									
B. TOTAL EXPENSES									

VI. ASSET INFORMATION		
Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate/Home	Price: Date Purchased:	
Stocks/Bonds/CD's	Amt. Owed:	
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct. #)		
Savings/MM Acct. (Bank/Acct. #)		
D. TOTAL ASSETS		

