

**\*PLEASE COMPLETE BOTH SIDES & GIVE TO PERSON AT THE INTAKE WINDOW.\***

**PUBLIC DEFENDER INTAKE FORM**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

\_\_\_\_\_

**Judge:** \_\_\_\_\_

**Court Date:** \_\_\_\_\_

**Charges:** \_\_\_\_\_

**If you do not have an open case, what are you here for?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL DISCLOSURE**

**PRESUMPTIVE ELIGIBILITY**

Do you receive: (please check all that apply)

SSI: \_\_\_\_\_ SSD: \_\_\_\_\_ Medicaid: \_\_\_\_\_ Veterans' Benefits: \_\_\_\_\_ Food Stamps: \_\_\_\_\_

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**INCOME AND EMPLOYER**

Are you working?                      Y      N      (please check one)

If yes, name of employer: \_\_\_\_\_

How much do bring home a month? \_\_\_\_\_

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**AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_ (applicant) 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Notes:**

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