

MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the _____ Court of _____, Ohio

Plaintiff: _____ Case No. _____

(for which representation is being provided)

v.

☐ Capital Offense Case (check if Capital Offense case)

☐ Guardian Ad Litem (check if appointed as GAL)

Defendant/Party Represented/In Re: _____

Judge: _____

MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSE

I, the undersigned appointed counsel, move this Court for an order approving payment of fees and expenses as indicated in the itemized statement. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion.

As attorney/guardian ad litem of record, I was appointed on _____, _____. This case terminated and/or was disposed of on _____, _____. I am submitting this application on _____, _____.

Name _____ Signature _____

Address _____ OSC # _____
(No., street, city, state, zip)

SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING

OFFENSE/CHARGE/MATTER *List only the three most serious charges* ORC/CITY CODE DEGREE DISPOSITION

1.)			
2.)			
3.)			

Grand Total Hours and Expenses

Hrs: In _____ X Rate _____ = \$ 0.00

Hrs: Out _____ X Rate _____ = \$ 0.00

☐ Flat Fee

Counsel Fees \$ _____

All Other Expenses \$ _____

Travel Expenses \$ _____

Grand Total \$ 0.00

JUDGMENT ENTRY

The Court finds that counsel performed the legal services on the itemized statement and that the fees and expenses set forth on this statement are reasonable, are in accordance with the resolution of the Board of County Commissioners of _____ County, Ohio relating to payment of appointed counsel, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.

IT IS THEREFORE ORDERED that counsel fees and expenses be approved in the amount of \$ _____ and be certified by the Court to the County Auditor for payment.

☐ Extraordinary fees granted (copy of journal entry attached)

☐ Fees have been reduced/denied (copy of journal entry attached)

☐ Fees above cap automatically reduce to cap

Judge _____

Printed Name

Judge _____

Signature

Date

CERTIFICATION

I, County Auditor, do hereby certify that payment has been made.

Warrant Number _____

Warrant Date _____

Amount Paid \$ _____

County Number _____

County Auditor _____

Signature

Date

IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE: _____

(OSC# may be entered once if only one attorney incurred fees. Otherwise, list OSC# of all attorneys incurring fees.)

[illegible]

DATE OF SERVICE (continued)	ATTORNEY OSC#	OUT-OF-COURT TOTAL	IN-COURT TOTAL	DAILY TOTAL
GRAND TOTAL		0.0	0.0	0.0

I hereby certify that the following expenses were incurred:

TYPE	PAYEE	AMOUNT
TOTAL		\$ 0.00

Clearly identify each expense and include a receipt for any expense. See Section (P)(1)(c) for privileged information.

ATTORNEY/GAL _____

ITEMIZED FEE STATEMENT CONTINUATION SHEET

I hereby certify that the following time was expended in representation of the defendant/party represented:

[illegible][illegible]

CLERK'S/AUDITOR'S TRANSCRIPT FEE FOR AN INDIGENT DEFENDANT

Revised Code 2301.24-25

In the _____ Court of _____, Ohio.

Plaintiff: _____

Case No. _____

v. _____

Attorney(s) for the Defendant/Party Represented: _____

Defendant/Party Represented/in re

Defendant is ☐ Appellant ☐ Appellee

☐ Capital Offense Case (check if Capital Offense Case)

COURT REPORTER CERTIFICATION

I, _____, _____, am hereby an official/acceptable
(Court Reporter Name) (Last 4 digits of Court Reporter's Tax ID)
stenographer of said court and hereby certify that the following work has been completed:

_____ Court Reporter's Signature

_____ Date

☐ Court Reporter is an employee of the Court

The transcript is ordered by the court for use by the Defendant or the Defendant's attorney in the following type of proceeding:
Type of Proceeding (explain) _____

Date which above proceeding terminated: _____ Still Pending (check if pending)

Original transcript of _____ pages or folio at the rate of \$ _____ per page or folio = \$ \$ 0.00

Copy of transcript of _____ pages or folio at the rate of \$ _____ per page or folio = \$ \$ 0.00

NOTE: A COPY OF THE COURT REPORTER'S BILLING MUST BE ATTACHED

TOTAL \$ \$ 0.00

JUDGMENT ENTRY & DECLARATION OF INDIGENCE

The court finds that the transcript was ordered for use in the case of an indigent person, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.

Check one:

☐ A Financial Disclosure form (OPD-206R) for the Defendant/Party Represented is attached to this document.

OR

☐ I hereby certify that the Defendant/Party Represented has been found indigent for purposes of receiving this transcript at government expense.

IT IS THEREFORE ORDERED that the transcript fees be, and are hereby approved in the amount of \$ \$ 0.00. It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment and the above named court reporter is an official/acceptable stenographer or employee of said court.

_____ Judge's Name (type or print)

_____ Judge's Signature

_____ Date

AUDITOR'S CERTIFICATION

The County Auditor in executing this certificate attests that the transcript was a true and accurate expense of said county's court.

Warrant Number _____ Warrant Date _____ Amount Paid _____

County Auditor's Signature

REQUEST FOR COURT-PAID EXPERT EXPENSES

In the _____ Court of _____, Ohio.

Plaintiff

Case No.: _____

Attorney(s) for the Defendant/Parties Represented:

Defendant/Party Represented/In Re:

☐ Check if this is a capital/death penalty case

TYPE OF EXPENSE

☐ NGRI ☐ Competency ☐ Investigator ☐ Interpreter ☐ Other Expert

CHARGES

Offense/Charge/Matter	ORC/City Code	Degree	Disposition
1.			
2.			
3.			

List only the three most serious charges, beginning with the one of greatest severity and continuing in descending order.

ATTORNEY AFFIRMATION FOR COURT-PAID EXPENSES

I hereby affirm that all services including any written reports, evaluative findings, recommendations, interpretations, or other services were solely used for the defense of the accused and all information obtained as a result of these services were furnished solely to defense counsel and only disclosed to the court or prosecution, at the discretion of defense counsel.

Name of Attorney

Attorney Signature

Date

DECLARATION OF INDIGENCE

The Court finds that the following expert expenses were ordered for use in the case of an indigent person, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met. Check one:

- ☐ A Financial Disclosure form (OPD-206R) for the Defendant/Party Represented is attached; or
- ☐ I hereby certify that the Defendant/Party Represented has been found indigent for purposes of these experts and/or expenses being provided at government expense.

IT IS THEREFORE ORDERED that the expert fees and/or expenses attached be, and are hereby approved in the amount of \$ _____. It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

Name of Judge

Judge Signature

Date

AUDITOR'S CERTIFICATION

The County Auditor in executing this certificate attests to the accuracy of the figures contained herein. A subsequent audit by the Ohio Public Defender Commission and/or Auditor of State that reveals unallowable or excessive costs may result in future adjustments against reimbursement or repayment of audit exceptions to the Ohio Public Defender.

Payee	Tax ID (last 4 digits)	Warrant No.	Warrant Date	Amount
TOTAL				

County Auditor Signature

Date

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION

Applicant's Legal Name		Applicant's Preferred Name and Pronoun		Date of Birth
Mailing Address		City	Email Address	
State	Zip Code	Case No.	Phone	Cell Phone
SSN Last 4	Gender	Race (double-click to de-select) <input type="checkbox"/> American Indian or Alaskan 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)	DOB	Relationship	Name 3)	DOB	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" if:

Ohio Works First/TANF: ____ SSI: ____ SSD: ____ Medicaid: ____ Poverty Related Veteran's 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 (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	\$	\$	\$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$ 0
Employer's Name: _____ Phone Number: () _____			TOTAL INCOME
Employer's Address: _____			\$ 0

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
TOTAL LIQUID ASSETS	\$ 0.00

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/Owed	\$
Mental/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)	\$
EXPENSES	\$ 0.00	EXPENSES	\$ 0.00

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.

VII. \$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

I, _____ (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.

Name and title of authorized persons completing form on
behalf of applicant. Information obtained via phone or video.

Signature of applicant

Date

X. COURT 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 or Magistrate's signature

Date

XI. NOTICE OF RECOUPMENT

ORC §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, Worker's Compensation, Child Support, Other Types of Income	\$	\$
	TOTAL INCOME	\$ 0.00

*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.