

IN THE SUPREME COURT OF OHIO

Affidavit of Indigence

I, Natasha Townsend, Appellant, do hereby state that I am without the necessary funds to pay the costs of this action for the following reason(s):

The Appellant, who is a single parent, has simultaneously filed a financial disclosure/affidavit of indigency. Appellant's child is a freshman attending an out-of-state college, whose means of support is solely dependant upon Appellant. Appellant would like to state with greater specificity that she is unable to afford the expense involved in paying for filing fees and costs associated with this instant case, because she is employed part-time.

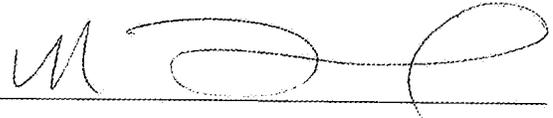
Appellant is receiving public assistance through government-based programs, HEAP and PIPP, to subsidize payment of her utilities.

The United States Supreme Court has held that where an indigent party is faced with a fee or cost of a kind that has not yet been specifically dealt with by the Supreme Court that such an expense should therefore be borne by the government. Boddie v Connecticut (1971) 401 US 371, 28 L Ed 2d 113, 91 S Ct 780.

Equal protection requires "to assur[e] equality of consideration for all litigants." Coppedge v. United States, 369 U.S. 438, 447 (1962). To ensure access to the courts, however, 28 U.S.C. § 1915(a), permits an indigent [appellant] to avoid payment of filing fees by filing an in forma pauperis affidavit. The due process clause of the Fourteenth Amendment requires that impoverished [Appellants] be treated no differently than wealthy appellants.

The Ohio Const. Art. I §16 guarantees: All courts shall be open, and every person, for an injury done him in his land, goods, person, or reputation, shall have remedy by due course of law, and shall have justice administered without denial or delay.

Pursuant to Rule 3.06, of the Rules of Practice of the Supreme Court of Ohio, I am requesting that the filing fee and security deposit, if applicable, be waived.



Affiant

Sworn to, or affirmed, and subscribed in my presence this 13th day of February 2014.



Notary Public



IAN GLICK
Notary Public, State of Ohio
My Commission Expires July 23, 2014

My Commission Expires: 7-23-14.

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

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

I. PERSONAL INFORMATION

Applicant's Name Natasha Townsend	D.O.B. 08/25/1972	Person Represented's Name (if juvenile)	D.O.B.
Mailing Address P.O. Box 15301	City Cleveland	State Oh	Zip Code 44115
Case No. Court of Appeals Case No.: CA 099256	Phone (216) 691-5788	Cell Phone ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name <small>Child attends out-of-state college</small>	D.O.B.	Relationship	Name	D.O.B.	Relationship
1) Charli Terry	06/25/1995	Daughter	3)		
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'

Ohio Works First / TANF: _____ SSI: _____ SSD: _____ Medicaid: _____ Poverty Related Veterans' 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 <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income	1,374.65		
Unemployment, Worker's Compensation, Child Support, Other Types of Income	741.00		
TOTAL INCOME			\$ 2115.00

Employer's Name: The Olive Garden Phone Number: 216-765-0621

Employer's Address: 26000 Harvard Avenue, Warrensville Hts., Ohio, 44128

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$ 1000.00
Stocks, Bonds, CDs	\$ 0.00
Other Liquid Assets or Cash on Hand	\$ 0.00
Total Liquid Assets	\$ 1000.00

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	0.00	Telephone	120.00
Child Care (if working only)	0.00	Transportation / Fuel	160.00
Insurance (medical, dental, auto, etc.)	80.00	Taxes Withheld or Owed	312.74
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	0.00	Credit Card, Other Loans (Student and Car Loans)	775.00
Rent / Mortgage	600.00	Utilities (Gas, Electric, Water / Sewer, Trash) <small>(HEAR,PIP)</small>	97.00
Food	200.00	Other (Specify) <small>(Tobe, Internet, Household items, Hygiene, Entertainment)</small>	250.00
EXPENSES	\$ 880.00	EXPENSES	\$ 1714.74

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 / Affidavit of Indigency 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 seven (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. AFFIDAVIT OF INDIGENCY

I, Natasha Townsend (applicant or alleged delinquent child) 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.



IAN GLICK
Notary Public, State of Ohio
My Commission Expires July 23, 2014

[Signature]
Affiant's signature

February 13, 2014
Date

Notary Public / Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this 13 day of FEBRUARY, 2014, at Shaker, County of CUYAHOGA, State of Ohio.

[Signature]
Signature of person administering oath

NOTARY
Title (example: Notary, Deputy Clerk of Courts, etc.)

X. JUDGE CERTIFICATION

I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit 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 RECOURPMENT

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 RECOURPMENT 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	\$

*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.