

IN THE COMMON PLEAS COURT OF COSHOCTON COUNTY, OHIO
JUVENILE DIVISION

Case No.: _____

DISCLOSURE OF PERSONAL IDENTIFIER INFORMATION

CHILDREN'S INFORMATION

Name: _____

Name: _____

Name: _____

DOB: _____

DOB: _____

DOB: _____

FILING PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

TELEPHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

TELEPHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

Additional Party / Child Information on reverse

CHILDREN'S INFORMATION

Name: _____ Name: _____ Name: _____

DOB: _____ DOB: _____ DOB: _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

OTHER PARTY

NAME _____
LAST MI FIRST

ADDRESS _____

PHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

3. I am asking the Court for relief from the acknowledgment on the basis of:

- ☐ Fraud
- ☐ Duress
- ☐ Material mistake of fact

State the specific facts supporting this allegation: _____

Wherefore, Plaintiff asks this Court for a judgment rescinding the acknowledgment and proceeding in this matter under Ohio Revised Code § 3119.81

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)



ELIGIBILITY FOR SERVICES

Applicant Name: _____

Current Date: _____

Signature of Applicant: _____

Social Security # XXX – XX - _____ Date of Birth: _____

To be eligible for TANF services the assistance group must include a minor child under age 18, full-time student, or pregnant individual. Services are also available to non-custodial parents of a minor eligible child who resides in the county but does not live in the same household as the minor child. An eligible family may consist of a pregnant individual or minor child who resides with parent, caretaker relative, legal guardian, or legal custodian. An eligible child may be "temporarily absent" from the home, up to six months, with a case plan for reunification. In order to receive services, a member of the assistance group must be a citizen of the United States or a qualified alien.

In addition, to qualify for the TANF services, the family must meet at least one of the following criteria. Check all that apply:

Items 1 & 2 are with regard to income and need to be verified:

- ☐ 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes – attach Print-out ☐ No
- b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No
- ☐ 2. End dependence of needy parents on government benefits by promoting job preparation, work and marriage.
- a. The family is receiving OWF/Food Stamps/Medicaid ☐ Yes ☐ No
- b. Family meets 200% of the federal poverty guideline ☐ Yes – Income Attached ☐ No

200% Federal Poverty Guideline (effective 1-17-2025)

Family Size	1	2	3	4	5	6	7	8
Monthly Income Limit	\$2609	\$3525	\$4442	\$5359	\$6275	\$7192	\$8109	\$9025

Items Below are response boxes only for JFS Determination ONLY:

- ☐ YES, party signing is TANF eligible, documentation attached
- ☐ NO, party signing does not receive above services, other factors may determine eligibility.

JFS Agency 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			D.O.B.	
Mailing Address					City		
State		Zip Code	Case No.		Phone () -	Cell Phone () -	
SSN Last 4	Gender	Race (double-click to de-select) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander Spanish or Latino White Other					

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name		D.O.B.	Relationship	Name		D.O.B.	Relationship
1)				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 (Do not include spouse's income if spouse is alleged victim)		Total Income	
Gross Monthly Employment Income	\$		\$		\$	
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$		\$		\$	
TOTAL INCOME					\$	

Employer's Name: _____ Phone Number: () _____ - _____

Employer's Address: _____

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	\$

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 or Owed	\$
Medical / 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	\$	EXPENSES	\$

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 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.

Signature

Date

X. JUDGE 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's Signature

Date

XI. NOTICE OF RECOUPMENT

R.C. 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 R.C. 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, 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.

Commission Expiration Date:

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
COSHOCKTON COUNTY, OHIO**

IN THE MATTER OF:

A Minor (date of birth)

Plaintiff

Case No. _____

Street Address

Judge

JASON W. GIVEN

City, State and Zip Code

vs.

Magistrate

LISA M. CHRISTENSEN

Defendant

Street Address

City, State and Zip Code

and

Defendant

Street Address

City, State and Zip Code

**WARNING: This form is not a substitute for the benefit of the advice of legal counsel.
It is highly recommended that you consult an attorney.**

Instructions: This form is used when you want to request documents to be served on the other party. You must indicate the requested method of service by marking the appropriate box. The Court may require additional forms to accompany this document. You must check the requirements of the county in which you file. **YOU MUST UPDATE THE CLERK OF COURTS IF ANY OF THE ABOVE CONTACT INFORMATION CHANGES.**

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (*check all that apply*)

- ☐ Complaint for Parentage, Allocation of Parental Rights and Responsibilities
☐ Motion and Affidavit or Counter Affidavit for Temporary Orders

- ☐ Motion for Change of Parental Rights and Responsibilities (Custody)
- ☐ Motion for Change of Parenting Time (Companionship and Visitation)
- ☐ Motion for Change of Child Support, Medical Support, Tax Exemption, or Other Child-Related Expenses
- ☐ Motion for Contempt and Affidavit
- ☐ Parenting Plan
- ☐ Shared Parenting Plan
- ☐ Affidavit of Income and Expenses
- ☐ Parenting Proceeding Affidavit
- ☐ Health Insurance Affidavit
- ☐ Explanation of Health Care Bills
- ☐ Agreed Judgment Entry
- ☐ Other: (specify) _____

Please serve the following parties with the above marked documents:

- ☐ Defendant/Petitioner/Respondent at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____
- ☐ Plaintiff/Petitioner at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____
- ☐ _____ County Child Support Enforcement Agency at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____
- ☐ Other _____ at _____ (address) by:
 - ☐ Certified Mail, Return Receipt Requested
 - ☐ Issuance to Sheriff of _____ County, Ohio for ☐ Personal or ☐ Residence service
 - ☐ Other: (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Attorney or Self Represented Party Signature

Printed Name

Address

City, State, Zip

Phone Number

Fax Number

E-mail

Supreme Court Reg No. (if any)