

YOUR PACKET TO THE CLERK FOR THE COURT OF APPEALS SHOULD INCLUDE THE FOLLOWING:

1. \$150.00 FILING FEE;
2. NOTICE OF APPEAL;
3. DOCKETING STATEMENT;
4. COPY OF TIME-STAMPED ENTRY YOU ARE APPEALING;
5. INSTRUCTIONS FOR SERVICE; AND
6. AFFIDAVIT OF INDIGENCY (IF APPLICABLE).

PLEASE REMEMBER THAT EVEN THOUGH YOU MAY BE QUITE FAMILIAR WITH A CASE, THE COURT OF APPEALS IS REVIEWING IT FOR THE FIRST TIME. THEREFORE, THE MORE INFORMATION YOU CAN PROVIDE, THE MORE HELPFUL IT WILL BE FOR US TO PROCESS THE APPEAL.

THANK YOU FOR YOUR COOPERATION.

CLERK – COURT OF APPEALS

NOTICE OF APPEAL

(ENTER NAME OF TRIAL COURT)

Trial Court No. _____

Plaintiff-Appell

Court of Appeals No. _____

- vs -

Defendant-Appell

Notice is hereby given that (name each Appellant) _____

appeals to the Eleventh District Court of Appeals from the trial court Judgment Entry time-stamped _____

(describe it and attach a copy of each Judgment Entry being appealed) _____

Check here if court-appointed and attach copy of appointment and Financial Disclosure/Affidavit of Indigency.

Check here if any co-counsel for Appellant and attach a separate sheet indicating name, address, telephone no. and fax no.

TRANSCRIPT OF PROCEEDINGS INFORMATION - App. R. 9(B)
Counsel or Appellant is responsible for obtaining required information from Court Reporter at the time of filing the Notice of Appeal if a transcript will be ordered.

I have ordered a complete transcript from the court reporter
Estimated completion date: _____

Estimated number of pages: _____

I have ordered a partial transcript from the court
Estimated completion date: _____

Estimated number of pages: _____

A statement pursuant to App. R. 9(C) or (D) is to be prepared in lieu of a transcript.

Videotapes to be filed. See App. R. 9(A) or (B)

No transcript or statement pursuant to either App. R. 9(C) or (D) is necessary.

Transcript has been completed and already made part of the record.

Date

Signature of Attorney or Appellant

Name

Address

City, State, Zip Code

Atty. Regis. No.

Telephone No.

Fax No.

E-Mail Address

THE FOLLOWING QUESTIONS APPLY TO ALL CIVIL AND ADMINISTRATIVE APPEALS

1. FINAL APPEALABLE ORDER

(a) Has the trial court disposed of all claims by and against all parties?

Yes (**Attach copies of all judgments and orders indicating that all claims against all parties have been concluded.**)

No

(b) If the answer to (a) is "No," has the trial court made an express determination that there is "no just reason for delay," pursuant to Civ.R. 54(B), with respect to the judgment or order from which the appeal is taken?

Yes (Attach a copy of that order.)

No

(c) Is the judgment order subject to immediate appeal under R.C. 2505.02? If so, set forth the specific provision(s) that authorize this appeal:

(d) Does the right to an immediate appeal arise from a provision of a statute other than R.C. 2505.02? If so, identify that statute:

2. MEDIATION

(a) Would a pre-hearing conference or mediation assist in the resolution of this matter?

Yes

No

Maybe

Please explain (optional)

CERTIFICATE OF SERVICE: I certify that I have mailed or otherwise delivered a copy of this Docketing Statement to all counsel of record, or to the parties if unrepresented. The following is a listing of the name, address and telephone number of all counsel and the parties they represent and any parties not represented by counsel: (attach extra sheet if necessary)

DATE _____

SIGNATURE _____

INSTRUCTIONS FOR SERVICE OF NOTICE OF APPEAL

_____,
Plaintiff-Appell _____,
- vs - Trial Court No. _____
_____,
Defendant-Appell _____,

**PLEASE LIST ALL PARTIES AND THEIR COUNSEL WHO ARE INVOLVED IN THE APPEAL
THE CLERK OF COURTS WILL MAKE SERVICE BY REGULAR MAIL.**

1. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

2. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

3. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

ATTORNEY FILING APPEAL ATTY. REGIS. NO. _____

ADDRESS PHONE NO. _____

(CONTINUE ON NEXT PAGE IF NEEDED)

4. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

5. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

6. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

7. ATTORNEY'S NAME: _____
ATTY. REGIS. NO.: _____
ADDRESS: _____

PHONE NUMBER: _____
WHO THEY REPRESENT: _____

FINANCIAL DISCLOSURE FORM

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

I. PERSONAL INFORMATION

| | | | | | |
|------------------|--------|--|---|---------------------|----------|
| Applicant's Name | | D.O.B. | Name of Person Being Represented <i>(if juvenile)</i> | | 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 <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other | | | |

II. OTHER PERSONS LIVING IN HOUSEHOLD

| | | | | | |
|------------|--------|--------------|------------|--------|--------------|
| Name 1) | D.O.B. | Relationship | Name 3) | D.O.B. | 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'

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 | \$ | \$ | \$ |
| 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

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, 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.