

ALLEN COUNTY COURT OF COMMON PLEAS, LIMA, OHIO
JUVENILE DIVISION

IN THE MATTER OF:

CASE NO(S). _____ (_____) (_____) (_____)
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APPLICATION FOR APPOINTED
COUNSEL

- DNA PCR DEL. UNR. JTO
 ADULT CRIM. ACCSEA RELATED YES

_____ makes application for appointment of counsel at public expense to
(Printed Name Of Applicant)

represent the following in this proceeding:

- The applicant
 The child/alleged delinquent
(I am the child's parent guardian custodian other (specify below)

Please select from one of the following options below regarding the non-refundable \$25.00 application fee.
(check only one box)

- The \$25.00 application fee is being paid along with this Application.
 I will pay the \$25.00 application fee within seven (7) days of this date.
 I request that the \$25.00 application fee be waived or reduced due to lack of financial resources sufficient to pay the fee, or undue hardship.

Applicant's Signature **Date**

Applicant's Street Address

City **State** **Zip**
Applicant's Phone No.: (____) _____

THIS SECTION TO BE COMPLETED BY THE COURT: Date & Time of Hearing _____ at _____ Has the applicant previously applied for court-appointed counsel in this case? Yes No If yes, has application fee been ordered Yes No If ordered, has fee been paid? Yes No