

18-1030

FILED

IN THE FAIRFIELD COUNTY MUNICIPAL COURT

STATE OF OHIO,
Plaintiff,

Case No. TRC 1611830

AUG 21 2017

vs.

EVAN M. STENGEL,
Defendant.

Judge David L. Landefeld

FAIRFIELD COUNTY
MUNICIPAL COURT

Entry Appointing Appellate Counsel

This matter comes before the Court on motion of the defendant requesting the appointment of appellate counsel. The Court finds that the defendant is indigent and entitled to court-appointed counsel to pursue an appeal as of right to the Fifth District Court of Appeals. The Court hereby appoints Thomas R. Elwing to represent the defendant on appeal.



Judge David L. Landefeld

- Copies:
- ✓ Tamas D. Tabor, Assistant City Prosecutor
 - ✓ Thomas R. Elwing, Attorney for Defendant
 - Jackie Long, Court Administrator

FILED
 JUL 23 2018
 CLERK OF COURT
 SUPREME COURT OF OHIO

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY
 (\$25.00 application fee may be assessed - see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Name <i>Evan Stengel</i>		D.O.B. <i>3/13/95</i>	Person Represented's Name (if juvenile)		D.O.B.
Mailing Address <i>1526 Courtship Dr.</i>		City	State	Zip Code	
Case No.	Phone () ()		Cell Phone () ()		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
<i>1) Christopher Stengel</i>	<i>3/29/93</i>	<i>Sister</i>	<i>3)</i>		
<i>2)</i>			<i>4)</i>		

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: ___ 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	<i>\$1,200</i>		
Unemployment, Worker's Compensation, Child Support, Other Types of Income			
			TOTAL INCOME \$1,200

Employer's Name: *Floor and Decor* Phone Number: _____

Employer's Address: _____

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V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	<i>\$ 600</i>
Stocks, Bonds, CDs	<i>\$</i>
Other Liquid Assets or Cash on Hand	<i>\$</i>
Total Liquid Assets	<i>\$ 600</i>

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone	<i>\$ 50</i>
Child Care (if working only)		Transportation for Work / Fuel	<i>\$ 80</i>
Insurance	<i>\$ 105</i>	Taxes Withheld or Owed	
Medical \ Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Card, Other Loans	<i>\$ 300</i>
Rent / Mortgage	<i>\$ 200 \$ 250</i>	Utilities (Gas, Electric, Water / Sewer, Trash)	<i>\$ 80</i>
Food	<i>\$ 150</i>	Other (Specify)	
EXPENSES	<i>\$ 505</i>	EXPENSES	<i>\$ 510</i>

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 the Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly

VIII. \$25.00 APPLICATION FEE NO.

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

STATE OF OHIO, COUNTY OF FAIRFIELD:

1, Evan Stengel (affiant) 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 by 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.

Evan Stengel
Affiant's signature

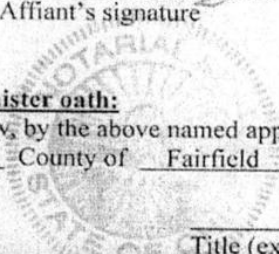
11/9/16
Date

Attorney Requested

Notary Public/Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this 9 day of NOVEMBER, at Lancaster, County of Fairfield, State of Ohio.

Debbie H. Nobles
Signature of person administering oath



9/19
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

FILED

NOV 14 2016

FAIRFIELD COUNTY MUNICIPAL COURT

ENTRY APPOINTING COUNSEL
IN THE FAIRFIELD COUNTY MUNICIPAL COURT, OHIO
CASE NO. _____

IN RE: _____

Whereas, the Court has reviewed the Financial Disclosure/Affidavit of Indigency submitted by the defendant in order to obtain court appointed counsel. In accordance with ORC §120.33(2), the Court hereby determines the following:

This application for court-appointed counsel is hereby:

APPROVED DENIED \$25 Fee Assessed \$25 Fee Reduced: \$ _____ \$25 Fee Waived

The applicant meets the criteria for receiving court-appointed counsel and the Court hereby appoints Attorney Tom Elwing, effective _____.

The Court finds the defendant does not meet the criteria for court-appointed counsel and hereby denies the appointment. The defendant may retain counsel for representation in this matter.

Debbie H. Nobles
Judge's Signature 11/09/16
Date

XI. NOTICE OF RECOUPMENT

O.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 ORC §2941.51(D).

Distribution:
Original Case File
Defendant