SSN Redacted

23

Case No. 25CRB958

CLARK COUNTY MUNICIPAL COURT
OF [redacted]
SPRINGFIELD , OHIO

4/9

THE STATE OF OHIO

VS.

YACEMINE SAMEDI

15 E. Johnny Lytle Ave.
Springfield, OH 45506-
DOB: 6/2/1985
* * * - * * - 8880
B/F - 500/178 - BLK/BRO

CHARGE: Assault

In violation of Section 2903.13(A) of the Ohio Revised Code.

PENALTY:

First Degree Misdemeanor
Six (6) Months and/or
$1,000.00 Fine
NONE

FILED
2025 APR -9 AM 8:12
MUNICIPAL COURT
BY PAZ DEPUTY

Date of Arrest: 4/8/2025 11:59:00AM

Date of Arraignment: 4/9/2025 10:30:00AM

Bond Posted - Cash - Surety

Amount:

JAZ

Date	COURT ACTION, ORDERS, ENTRIES
	Plea: ☐ Guilty ☐ Not Guilty ☐ No Contest
	Finding on No Contest ☐ Guilty ☐ Not Guilty
	Assignment: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
	Waiver to Trial Time Filed.
	Request for Pre-Trial Hearing Filed.
	Jury Demand Filed.
	ENTRY - MISDEMEANOR
	$ _____ Bond Forfeited
	Bench Warrant Ordered. Bond Set At $_____
	Trial By: ☐ Court ☐ Jury ☐ Defendant Found: ☐ Guilty ☐ Not Guilty
	Defendant having Pleaded or Changed Plea ☐ Guilty ☐ Not Guilty and found ☐ No Contest and found The Court therefore imposes the following sentence: Fine $ _____ and costs ($_____) Jail _____ _____
	ENTRY - FELONY
	Defendant Having Appeared and Entered: ☐ No Plea ☐ Not Guilty Preliminary Hearing: ☐ Held ☐ Waived _____ _____ _____ ☐ Defendant Indicted by the ☐ The Court Binds Defendant to the Clark County Grand Jury. _____ Judge
	Notice of Appeal Filed
	Attorney: _____ Address: _____ Telephone No.: _____

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court
50 East Columbia Street
Springfield, Ohio 45502
(937) 328-3725

For Court Use Only

Defendant:

YACEMINE SAMEDI
15 E. Johnny Lytle Ave.
Springfield, OH 45506-
DOB: June 02, 1985
SSAN: * * * - * * - [redacted]0
B/F - 500/178 - BLK/BRO

Victim:

Location of Occurrence:

Court Case# ____ - CR - ____ - _____
BCI&I ITN Number:
Law Enforcement Case Number: 25-SPD000014765

Criminal Charge

Assault

Complaint By Individual:

Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came OFFICER ELIJAH KAIN who being duly sworn states that on or about April 08, 2025, one YACEMINE SAMEDI In the City of Springfield, County of Clark, State of Ohio did:
knowingly cause or attempt to cause physical harm to another or to another's unborn.

TO WIT:

THE DEFENDENT KNOWINGLY CAUSED PHYSICAL HARM TO CHILD VICTIM BY HITTING HER, CAUSING VISIBLE SWELLING AND BRUISING ON CHILD VICTIM'S BACK

In violation of Section 2903.13(A) of the Ohio Revised Code.

PENALTY:
First Degree Misdemeanor
Six (6) Months and/or
$1,000.00 Fine
NONE

NOTARY PUBLIC STATE OF OHIO

WILLIAM EVANS
Notary Public
State of Ohio
My Comm. Expires
January 24, 2028

Complainant: Officer Elijah Kain

Sworn to and subscribed before me by the Complainant on April 08, 2025

Notary Public/Authorized Peace Officer/Clerk of Court

Court Date: 4/9/2025 10:30:00AM
Defendant Placed in Jail

☒Court Copy ☐Defendant Copy ☐Return Copy ☐Extra Copy

SSN Redacted

2A

Case No. 25crb958

25-225

CLARK COUNTY MUNICIPAL COURT
OF [redacted]
SPRINGFIELD , OHIO

Jail 4/9

THE STATE OF OHIO

VS.

YACEMINE SAMEDI

15 E. Johnny Lytle Ave.
Springfield, OH 45506-
DOB: 6/2/1985
* * * - * * - 8880
B/F - 500/178 - BLK/BRO

CHARGE: Domestic Violence

In violation of Section 2919.25(A) of the Ohio Revised Code.

PENALTY:

First Degree Misdemeanor
Six (6) Months and/or
$1,000.00 Fine
NONE

FILED
2025 APR -9 AM 8:12
MUNICIPAL COURT
BY [redacted] Deputy

Date of Arrest: 4/8/2025 11:59:00AM

Date of Arraignment: 4/9/2025 10:30:00AM

Bond Posted - Cash - Surety

Amount: JAI

Date	COURT ACTION, ORDERS, ENTRIES
	Plea: ☐ Guilty ☐ Not Guilty ☐ No Contest
	Finding on No Contest ☐ Guilty ☐ Not Guilty
	Assignment: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
	Waiver to Trial Time Filed.
	Request for Pre-Trial Hearing Filed.
	Jury Demand Filed.
	ENTRY - MISDEMEANOR
	$ _____ Bond Forfeited
	Bench Warrant Ordered. Bond Set At $_____
	Trial By: ☐ Court ☐ Jury ☐ Defendant Found: ☐ Guilty ☐ Not Guilty
	Defendant having Pleaded or Changed Plea ☐ Guilty ☐ Not Guilty and found ☐ No Contest and found The Court therefore imposes the following sentence: Fine $_____ and costs ($_____) Jail _____ _____
	ENTRY - FELONY
	Defendant Having Appeared and Entered: ☐ No Plea ☐ Not Guilty Preliminary Hearing: ☐ Held ☐ Waived _____ _____ _____ ☐ Defendant Indicted by the ☐ The Court Binds Defendant to the Clark County Grand Jury. _____ Judge
	Notice of Appeal Filed
	Attorney: _____ Address: _____ Telephone No.: _____

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court
50 East Columbia Street
Springfield, Ohio 45502
(937) 328-3725

For Court Use Only

Defendant:

YACEMINE SAMEDI
15 E. Johnny Lytle Ave.
Springfield, OH 45506-
DOB: June 02, 1985
SSAN: ***-**-[redacted]0
B/F - 500/178 - BLK/BRO

Victim:

Location of Occurrence:

Court Case# ____ - **CR** - ____ - _____
BCI&I ITN Number:
Law Enforcement Case Number: 25-SPD000014765

Criminal Charge

Domestic Violence

Complaint By Individual:

Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came OFFICER ELIJAH KAIN who being duly sworn states that on or about April 08, 2025, one YACEMINE SAMEDI In the City of Springfield, County of Clark, State of Ohio did:
knowingly cause or attempt to cause physical harm to a family or household member.

TO WIT:

THE DEFENDENT KNOWINGLY CAUSED PHYSICAL HARM TO HER DAUGHTER BY HITTING HER, CAUSING SWELLING AND BRUISING TO BE VISIBLE ON CHILD VICTIM'S BACK

In violation of Section 2919.25(A) of the Ohio Revised Code.

PENALTY:
First Degree Misdemeanor
Six (6) Months and/or
$1,000.00 Fine
NONE

Court Date: 4/9/2025 10:30:00AM
Defendant Placed in Jail

NOTARY PUBLIC STATE OF OHIO

WILLIAM EVANS
Notary Public
State of Ohio
My Comm. Expires
January 24, 2028

Complainant: Officer Elijah Kain

Sworn to and subscribed before me by the Complainant on April 08, 2025

Notary Public/Authorized Peace Officer/Clerk of Court

☒Court Copy ☐Defendant Copy ☐Return Copy ☐Extra Copy

Law Enforcement Arrest Report

Name:	Race:	Gender:	Height:	Weight:	Hair:	Eyes:	Build:	Case Number:
SAMEDI, Yacemine	**B**	**F**	**500**	**178**	**BLK**	**BRO**	MED	**25-SPD000014765**

D.O.B.	Age at time of offense:	SSN:	FBI#:	BCI#:	ITN#:
06/02/1985	**39 Years 10 Months**	[redacted]			

Were any physical or mental examinations or scientific tests conducted in connection with this case? ☐ Yes - If yes, please specify ☒ No ☐ Lab Request Attached

Signature of Officer(s):	Supervisor Signature:	Signature Book-In:	Book-In Date/Time:
	Sgt B. Burns		

Date Printed: 4/8/2025

Law Enforcement Arrest Report

Name:	Race:	Gender:	Height:	Weight:	Hair:	Eyes:	Build:	Case Number:
SAMEDI, Yacemine	B	F	500	178	BLK	BRO	MED	25-SPD000014765

D.O.B.	Age at time of offense:	SSN:	FBI#:	BCI#:	ITN#:
06/02/1985	39 Years 10 Months	[redacted]			

Address:	Phone:	P.O.B. (City & State):
15 E. Johnny Lytle Ave. Springfield, OH 45506-	326-216-8201	Unknown

Arresting Agency:	Date/Time of Arrest:	On Probation: ☐ Yes If yes, P.O.'s Name On Parole: ☒ No
Springfield Police Division	4/8/2025 11:59:00AM	

Location of Occurrence / Arrest / Both:	Township or County:	Driver's License #:	Driver's License State
431 W. John St.	Clark County		OH

Employment:	Employment Address:	Employment Phone:
	, OH	

Vehicle License #:	Vehicle State:	Vehicle License Type:	Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Style:

Vehicle Color	Vehicle VIN #:	Vehicle Identifiers:

Affiant:	Transporting Officers:	Badge/Unit #:
Officer Elijah Kain	E. ICAIN / T. MELVIN	930/840 - 321E

CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY

ASSAULT - 2903.13(A) - M1
THE DEFENDENT KNOWINGLY CAUSED PHYSICAL HARM TO CHILD VICTIM BY HITTING HER, CAUSING VISIBLE SWELLING AND BRUISING ON CHILD VICTIM'S BACK

DOMESTIC VIOLENCE - 2919.25(A) - M1
THE DEFENDENT KNOWINGLY CAUSED PHYSICAL HARM TO HER DAUGHTER BY HITTING HER, CAUSING SWELLING AND BRUISING TO BE VISIBLE ON CHILD VICTIM'S BACK

DOMESTIC VIOLENCE - 2919.25A - M1
THE DEFENDENT HAS AN ACTIVE WARRANT OUT OF CLARK COUNTY MUNICIPAL COURT FOR DOMESTIC VIOLENCE. CASE #24CRB02715

ASSAULT - 2903.13a - M1
THE DEFENDENT HAS A WARRANT FROM CLARK COUNTY MUNICIPAL COURT FOR ASSAULT. CASE #24CRB02715

Victim: ☐ Sick ☐ NA ☒ Injured	Treated by: ☒ Refused ☐ Squad ☐ Hospital	Transferred to ☐ Squad Hospital by: ☐ P.O.V.	Hospital: ☐ Community ☐ Mercy ☐ Other	Doctor:

Victim Description of Sickness/Injury/Condition:
☐ Intoxicated BRUISES ON UPPER BACK & RIGHT SHIN

Arrestee: ☐ Sick ☒ NA ☐ Injured	Treated by: ☐ Refused ☐ Squad ☐ Hospital	Transferred to ☐ Squad Hospital by: ☐ P.O.V.	Hospital: ☐ Community ☐ Mercy ☐ Other	Doctor:

Arrestee Description of Sickness/Injury/Condition:
☐ Intoxicated N/A

Arrestee Juvenile? Parent/Legal Guardian Name & Address:
N/A

Arrested Juvenile Disposition: ☐ Placed in DH ☐ Released to Parent ☐ Taken to HQ ☐ Other	Parents Notified: ☐ By Arresting Officer ☐ By Dispatcher ☐ By Transfer Officer ☐ By DH Personnel ☐ Other	Date Notified:

Witnesses:

Audrey D'Arrigo	431 W. John St. Springfield, OH	937-505-4297
Elijah Kain	130 N. Fountain Ave. Springfield, OH 45502-	937-324-7716
April Lewis	1345 Lagonda Ave. Springfield, OH	937-605-5793
T Melvin	Spd , OH	
Maria Morrison	135 Shiloh Springs Rd. Dayton, OH 45415-	773-218-9492

Crash occur? ☐ Yes ☒ No	Was OH1 completed? ☐ Yes ☐ No	Arrestee have insurance? ☐ Yes ☐ No	Did Affiant witness driving? ☐ Yes ☐ No	If not, who witnessed driving?	Vehicle searched? ☐ Yes ☐ No

Vehicle Disposition: ☐ IMP ☐ RTO	If no one witnessed driving, how is exact time of vehicle operation established? ☒ NA	DUI Impaired Driver Report prepared? ☒ NA ☐ Yes ☐ No

Vehicle held for prints? ☐ Yes ☐ No	Arrestee make admission of guilt? ☐ Yes ☒ No	Did Arrestee make a statement? ☒ Yes ☐ No — ☐ Written Statement ☒ Verbal ☐ Taped Audio Statement ☒ Other BWC	Written summaries of statements prepared? ☒ Yes ☐ No

Arrestee identified by Witness? ☒ Yes ☐ No — ☐ Photo Array ☐ Affiant Witnessed Crime ☐ Line-Up ☒ At Scene ☐ Taken back to Scene	Photos of scene/victim? ☐ Yes ☒ No	Photos taken by:	Scene processed for prints? ☐ Yes ☒ No	Physical evidence at scene? ☐ Yes ☒ No

Property Receipt #:	Copy of receipt or inventory attached? ☐ Yes ☒ NA ☐ No - If no, list property:

Date Printed: 4/8/2025

Witness List

Law Enforcement Case Number:
25-SPD000014765

4/8/2025

Name	Address	Home Phone	Witness Stmt
D'ARRIGO, Audrey	431 W.John St., Springfield, OH	937-505-4297	
KAIN, Elijah	130 N.Fountain Ave., Springfield, OH 45502-	937-324-7716	
LEWIS, April L	1345 Lagonda Ave., Springfield, OH	937-605-5793	
MORRISON, Maria L	135 Shiloh Springs Rd., Dayton, OH 45415-	773-218-9492	
MELVIN, T	Spd , , OH		

Further Affiant Sayeth Not.

WILLIAM EVANS
Notary Public
State of Ohio
My Comm. Expires
January 24, 2028

Affiant Signature

SPD

Affiant Address & Phone

Sworn to and subscribed before me by the Affiant on 4/8/2025

Notary Public/Authorized Peace Officer/Clerk of Court

Clark County Municipal Court
50 East Columbia Street
Springfield, Ohio 45502
(937) 328-3725

Law Enforcement Arrest Report
Probable Cause Affidavit

Case Number:
25-SPD000014765

The State of Ohio **SS:**

Clark County

Court Case # CR-_____

The Affiant, Officer Elijah Kain , being first sworn, says there is probable cause to believe the defendant, Yacemine Samedi , committed an offense based on the summary of facts below:

On Tuesday, 04/08/2025, at approximately 1000 hours, Officers Kain and Melvin were dispatched to Perrin Woods Elementary school at 431 W. John St. regarding a child with injuries from possible domestic violence. Officers were also informed by dispatch that the child's mother, Yacemine Samedi, had a warrant for failure to appear in court for prior domestic violence and assault.

At the school, officers were met bv the school nurse, in her office with the child victim. The child's teacher, was also called into the office to help speak with the child. School staff advised that they were aware of prior issues with the child experiencing abuse at home and that the child had been absent from school about a week. had the child in her classroom this morning and the child told that her back hurt. took the child to the nurse's office and they spoke with the child. The child told them that her mother had hit her and that was why her back hurt, she also allowed and to look at her back and they saw the swelling and marks on the right side of her back near her shoulder blade.

Officers tried to speak with the child and she stated her mother had gotten angry at her a few days before and hit her in the back and her leg, pointing to her upper back where the swelling was, and to her right shin. The child did roll up her pant leg and show officer some bruising on her shin. After some time and help from and she also showed officers the marks on her back. Oflficers were able to see swelling and a faint mark just under her right shoulder blade, but when Officer Kain came back with the camera to take pictures, she did not want to show her back again. Officer Kain did try to get pictures of the bruise on her leg but she would not hold still, so he tried to get footage with his body camera.

Officers called children's services, and a case worker, , later arrived at the school. has started to make an emergency plan for the child and is going to have the child stay with at

The child's mother, Ms. Samedi, arrived at the school and was arrested for her warrant and was transported to Springfield Police Headquarters. At headquarters, Ms. Samedi denied that she has hit the child at all and stated that the child told her that another child at school had hit her.

Yaceminbe Samedi is being booked at the Clark County Jail for her warrants and charges are being filed for domestic violence and assault.

Defendant:

Yacemine Samedi

VIII. NOTIFICACIÓN DE LA CUOTA DE SOLICITUD DE $25.00

Al presentar este formulario de divulgación de estado financiero / declaración jurada de indigencia, se le cobrará una cuota de solicitud no reembolsable de $25.00, a menos que el tribunal exima o reduzca tal cuota. Si le es cobrada, esta debe ser pagada dentro de siete (7) días de la presentación de este formulario a la entidad encargada de tomar una decisión con respecto a su indigencia. A ningún solicitante se le negará asesoría legal en base al incumplimiento o inhabilidad de pagar esta cuota.

IX. CERTIFICACIÓN DEL SOLICITANTE

Yo, X YAZMINE SAMEDI (solicitante o menor delincuente) declaro:

1. No tengo los medios económicos para contratar a un asesor legal sin que resulte en una carga considerable para mi o mi familia.
2. Entiendo que debo informar al defensor de oficio o al apoderado en caso de que mi situación financiera cambie antes del fallo sobre el caso o casos para el cual o los cuales se me representa.
3. Entiendo que, si el condado o el tribunal determina que no se debiera haber prestado representación legal, es posible que yo deba reembolsar al condado los gastos que éste ha incurrido por costos de representación. Cualquier medida tomada por el condado para cobrar honorarios legales conforme a lo aquí expuesto deberá llevarse a cabo dentro de dos años a partir de la última fecha en que se prestó representación legal.
4. Entiendo que estoy sujeto a cargos penales por proporcionar falsa información financiera en relación con esta solicitud para representación legal, conforme a las secciones 120.05 y 2921.13 del Código Modificado de Ohio.
5. Por la presente certifico que la información que he provisto en este formulario de divulgación de estado financiero es exacta según mi leal saber y entender.

X _____ _____
Firma Fecha

X. CERTIFICACIÓN DEL JUEZ

Por la presente certifico que el solicitante mencionado anteriormente es incapaz de llenar y/o firmar esta divulgación de estado financiero por la siguiente razón: _____. He establecido que la parte representada reúne los requisitos para recibir los servicios de un asesor legal nombrado por el tribunal.

_____ _____
Firma del juez Fecha

XI. NOTIFICACIÓN DE RESARCIMIENTO

La sección §120.03 del ORC permite programas de resarcimiento en los condados. Cualquier programa de esta índole no debería comprometer la calidad de la defensa prestada o tomar medidas para rechazar representación a solicitantes idóneos. Ningún pago, compensación o donaciones en especies se requerirá de cualquier solicitante o cliente cuyos ingresos se hallan por debajo de un 125% de las pautas de pobreza federales. Véase la sección 120-1-05 del OAC.

A través del resarcimiento, es posible que un solicitante o cliente deba pagar parte del costo de los servicios prestados, si se espera que él o ella pueda pagarlo de manera razonable. Véase la sección §2941.51(D) del ORC.

XII. INGRESOS DE LOS PADRES DEL MENOR* - PARA FINES DE RESARCIMIENTO SOLAMENTE - NO PARA LA DESIGNACION DE UN ASESOR

	Ingresos de los padres custodies (No incluya los ingresos de los padres si el padre o la madre o familiar es la presunta victima	Total
Ingreso por empleo (Bruto)	$	$
Desempleo, indemnizacion laboral, pension alimenticia, otros tipos de ingresos	$	$
	INGRESOS TOTALES	$

*Por favor complete la Sección VI en la página 1 de este formulario se desea que el tribunal tome en cuenta sus gastos mensuales cuando determine la cantidad de resarcimiento que usted pueda pagar de manera razonable.

DIVULGACIÓN DE ESTADO FINANCIERO

(Es posible que se cobre una cuota de solicitud de $25.00 – vea aviso al dorso)

Yes

I. INFORMACIÓN PERSONAL

Nombre del solicitante	Nombre preferido del solicitante	Fecha de nacimiento
JACE MINE	SAME DI	02/06/85

Dirección postal	Ciudad
15 E Thomas Lesile Hwy 2	

Estado	Código postal	Caso No.	Teléfono	Teléfono celular
OHIO	45506	24CRB02715	(329) 216-829	( ) -

Ultimos 4 dígitos SS	Género	Raza (hacer doble clic para anular la selección) 25CRB00958
0000		☐ Indígena americano o nativo de Alaska ☐ Asiático ☐ Blanco ☐ Hispano o latino ☐ Indígena de Hawái o Isleño del Pacífico ☐ Negro o Afro Americano ☐ Otro

II. OTRAS PERSONAS QUE VIVEN EN EL MISMO HOGAR

Nombre	Fecha de nacimiento	Relación	Nombre	Fecha de nacimiento	Relación
1) Eddy Lewis	Sp 8/4	Boy Sf.	3)		
2)			4)		

III. ELIGIBILIDAD PRESUNTIVA

Se presume la designación de un asesor legal si la persona representada reúne cualquiera de los siguientes requisitos. Por favor coloque una 'X'.

Ohio Works First / TANF (Ayuda federal para familias necesitadas): ____ SSI (Ingreso suplementario de seguridad): ____ Medicaid: ____

SSD (Discapacidad del Seguro Social): ____ Beneficios de pobreza para veteranos: ____ Cupones para alimentos: ____

Beneficios de colocación de refugiados: ____ Encarcelado en una penitenciaria estatal: ____ Ingresado en una institución pública de salud mental: ____

Other (favor de describir): None Menor de edad: ____ *(en caso de ser menor de edad, favor de pasar a la Sección VIII)*

IV. INGRESOS Y EMPLEADOR

	Solicitante	Cónyuge (No incluya los sueldos del cónyuge si esta persona es la presunta víctima)	Ingresos Totales
Sueldo bruto mensual	$ 0	$ 0	$ 0
Desempleo, indemnización laboral, pensión alimenticia, otros tipos de ingresos	$ 0	$ 0	$ 0
		INGRESOS TOTALES	$ 0

Nombre del Empleador: None Número telefónico: ( ) -

Dirección del Empleador:

V. ACTIVOS LÍQUIDOS

Tipo de Activo	Valor Estimado
Cuentas de cheques, ahorros, o de mercado monetario	$ 0
Acciones, bonos, certificados de depósito	$ 0
Otros activos líquidos o efectivo en caja	$ 0
Total en Activos Liquidos	$ 0

CLARK COUNTY MUNICIPAL COURT
APR 09 2025
PROBATION DEPARTMENT

VI. GASTOS MENSUALES

Tipo de Gasto	Cantidad	Tipo de Gasto	Cantidad
Pago de pension alimenticia	$ 0	Teléfono	$ 0
Cuidado infantil (solo si usted trabaja)	$ 0	Transportación / Combustible	$ 0
Seguro (médico, dental, automotor, etc.)	$ 0	Impuestos retenidos o adeudados	$ 0
Gastos médicos/dentales o costos relacionados con el cuidado de un familiar con salud delicada	$ 0	Tarjeta de crédito, otros préstamos	$ 0
Alquiler/Hipoteca	$ 2000	Servicios públicos *(gas, luz, agua/alcantarillado, basura)*	$ for gas 137.9
Alimentos	$ 0	Otros (especificar)	$
GASTOS	$ 2000	GASTOS	$ 315

VII. DETERMINACIÓN DE INDIGENCIA

Si los ingresos totales del solicitante en la Sección IV se hallan en o por debajo de un 187.5% de las pautas de pobreza federales, se deberá designar a un asesor legal. A aquellos solicitantes cuyos ingresos totales en la Sección IV se hallan por sobre un 125% de las pautas de pobreza federales, véase notificación de resarcimiento en la Sección XI. Si los activos líquidos en la Sección V superan las cifras provistas en la sección 120-1-03 del OAC (Código Administrativo de Ohio), es posible que se niegue la designación de un asesor legal si el solicitante puede contratar a un asesor legal haciendo us[illegible]les activos líquidos. Si los ingresos totales del solicitante se [illegible] por sobre un 187.5% de las pautas de pobreza federales, pero éste es incapaz financieramente de contr[illegible]n asesor legal después de pagar los gastos mensuales pres[illegible]s en la Sección VI, se deberá designar a un asesor legal.

VJW
4-14-25
Arraignment

FILED
2025 APR -9 PM 2:44
MUNICIPAL COURT
BY CG DEPUTY

In the Clark County Municipal Court,
Criminal Division

STATE OF OHIO,	)	**Case No. 25CRB0958**
	)	
Plaintiff,	)	**Judge: Daniel D. Carey**
	)	**Pros.: Erin J. McEnaney**
-vs-	)	
	)	
Yacemine Samedi,	)	
	)	
Defendant.	)	

*****

NOTICE OF APPEARANCE OF COUNSEL, PLEA OF NOT GUILTY, DEMAND FOR JURY TRIAL, DEMAND FOR PRE-TRIAL, DEMAND FOR SPEEDY TRIAL, DEMAND FOR DISCOVERY, DEMAND FOR BILL OF PARTICULARS, AND DEMAND FOR NOTICE OF INTENTION TO USE EVIDENCE

Defendant, through counsel, enters a plea of not guilty to all charges; demands a trial by jury; demands a pre-trial hearing pursuant to Crim. R. 17.1; demands a speedy trial pursuant to Amend. 6 of the U.S. Const., Ohio Const., Art. I, Sec. 10, and R.C. §2945.71 et. seq.; demands discovery pursuant to Crim. R. 16; demands a bill of particulars pursuant to R.C. §2941.07 and Crim. R. 7 (E); and demands notice by plaintiff of the intention to use evidence pursuant to Crim. R. 12(E). Defense asserts it has no reciprocal discovery to disclose.

Clark County Public Defender

BJORN CHAVEZ (#0070078)
Public Defender
50 East Columbia Street, Suite 101
Springfield, Ohio 45502
(937) 521-1725 Phone
(937) 328-2715 Fax
Attorney for Defendant

PROOF OF SERVICE

The foregoing was served on plaintiff's attorney by hand delivering a copy to the clerk or other person in charge at the City Prosecutor's Office 50 E. Columbia St., Springfield, OH, 45502 on April 9, 2025.

BJORN CHAVEZ (#0070078)
Public Defender
Attorney for Defendant