

SSN Redacted

Date 7/21/25	COURT ACTION, ORDERS, ENTRIES		
Plea:	<input type="checkbox"/> Guilty	<input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Contest
Finding on No Contest	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	
Assignment: 1. <i>btt 7/23</i>	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:	<input type="checkbox"/> Court	<input type="checkbox"/> Jury	<input type="checkbox"/> Defendant Found:
<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty		
Defendant having Pleaded or Changed Plea			
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and found			
<input type="checkbox"/> No Contest and found			
The Court therefore imposes the following sentence:			
Fine \$	and costs		
(\$_____)			
Jail			
ENTRY - FELONY			
Defendant Having Appeared and Entered:			
<input type="checkbox"/> No Plea <input type="checkbox"/> Not Guilty			
Preliminary Hearing:	<input type="checkbox"/> Held	<input type="checkbox"/> Waived	
<input type="checkbox"/> Defendant Indicted by the			
<input type="checkbox"/> The Court Binds Defendant to the			
Clark County Grand Jury.			
Judge			
Notice of Appeal Filed			
Attorney:	<i>PN</i>		
Address:			
Telephone No.:			

05-4721

**CLARK COUNTY MUNICIPAL COURT
OF
SPRINGFIELD, OHIO**

Jail 7/21
369651
27/21/25
N,000 C/S
NO
COPIED 11/11/25
RECORDED 11/11/25
11/10

THE STATE OF OHIO

vs.

THEODORE THOMAS RUHE

1257 E. Kenwood Ave.
Springfield, OH 45505
DOB: 12/10/2000
***-**-3617
W/M - 510/120 - BLN/BLU

CHARGE: Strangulation

In violation of Section 2903.18(B)(1) of the Ohio
Revised Code.

PENALTY:

Second Degree Felony
2, 3, 4, 5, 6, 7, or 8 years and/or
\$15,000.00 Fine
Additional \$25,000 Fine

MUNICIPAL COURT
BY: *Deputy Clerk*

2025 JUL 21 AM 8:38

FILED

Date of Arrest: *7-20-25*

Date of Arraignment: *7-21-25*

Bond Posted - Cash - Surety

Amount:

NO BOND

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

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

Defendant:

THEODORE THOMAS RUHE
1257 E. Kenwood Ave.
Springfield, OH 45505-
DOB: December 10, 2000
SSAN: * * * - * * - 3617
W/M - 510/120 - BLN/BLU

Criminal Charge

Victim:

Location of Occurrence:

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

Court Case# ____ - CR - ____
BCI&I ITN Number:
Law Enforcement Case Number: 25-SPD000031149

Strangulation

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 OFF K. BARGER who being duly sworn states that on or about July 20, 2025, one THEODORE RUHE In the City of Springfield, County of Clark, State of Ohio did: knowingly cause serious physical harm to another by means of strangulation or suffocation.

TO WIT:

The defendant did knowingly cause injury to the victim by squeezing the victim's throat.

In violation of Section 2903.18(B)(1) of the Ohio Revised Code.

FOR WARRANT ONLY

M
PENALTY:

Second Degree Felony
2, 3, 4, 5, 6, 7, or 8 years and/or
\$15,000.00 Fine
Additional \$25,000 Fine



JUSTIN DANIEL ADKINS
Notary Public
State of Ohio
My Comm. Expires
July 7, 2026

Court Date:
Request for Warrant

Court Copy Defendant Copy Return Copy Extra Copy

K. Barger
Complainant: Officer Off K. Barger

*Sworn to and subscribed before me by the
Complainant on July 20, 2025*

Scanned
Notary Public/Authorized Peace
Officer/Clerk of Court

Court Copy Defendant Copy Return Copy Extra Copy

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

Law Enforcement Arrest Report
Probable Cause Affidavit

Case Number:
25-SPD000031149

The State of Ohio
ss:
Clark County

Court Case # CR-_____

The Affiant, Officer Off K. Barger , being first sworn, says there is probable cause to believe the defendant, Theodore Thomas Ruhe , committed an offense based on the summary of facts below:

On 7/20/2025 Officer Perilman and Officer Barger were dispatched to the intersection of and for the report of an assault. Dispatch advised the victim left the area on foot and would be at to meet officers.

Officers arrived at and spoke with I, reporting party and victim, about the incident. M. F. stated that she was walking on S. Limestone St. with her Theodore Ruhe said she told Mr. Ruhe that she was going to leave and go home on said that Mr. Ruhe became upset and grabbed her by the throat and squeezed her throat for a few minutes.

Officer Barger observed a large male handprint on I throat. Officer Barger took photos of the marks and handprint. advised she wanted charges filed against for choking her. I said Mr. Ruhe doesn't live with her and they do not have any children in common.

Officers were unable to make contact or locate Mr. Ruhe. A warrant for strangulation was requested on Mr. Ruhe.

Defendant:

Theodore Thomas Ruhe

FOR WARRANT ONLY

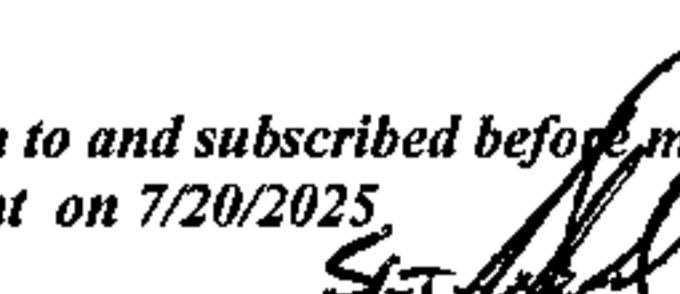
Further Affiant Sayeth Not.

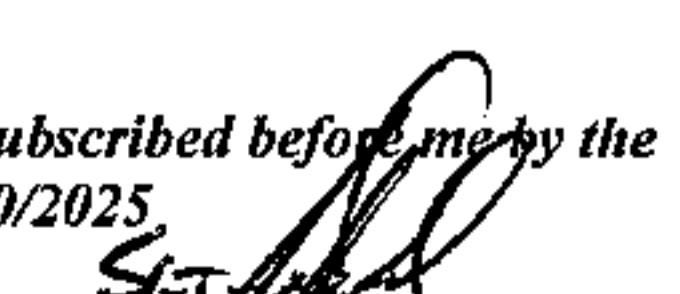


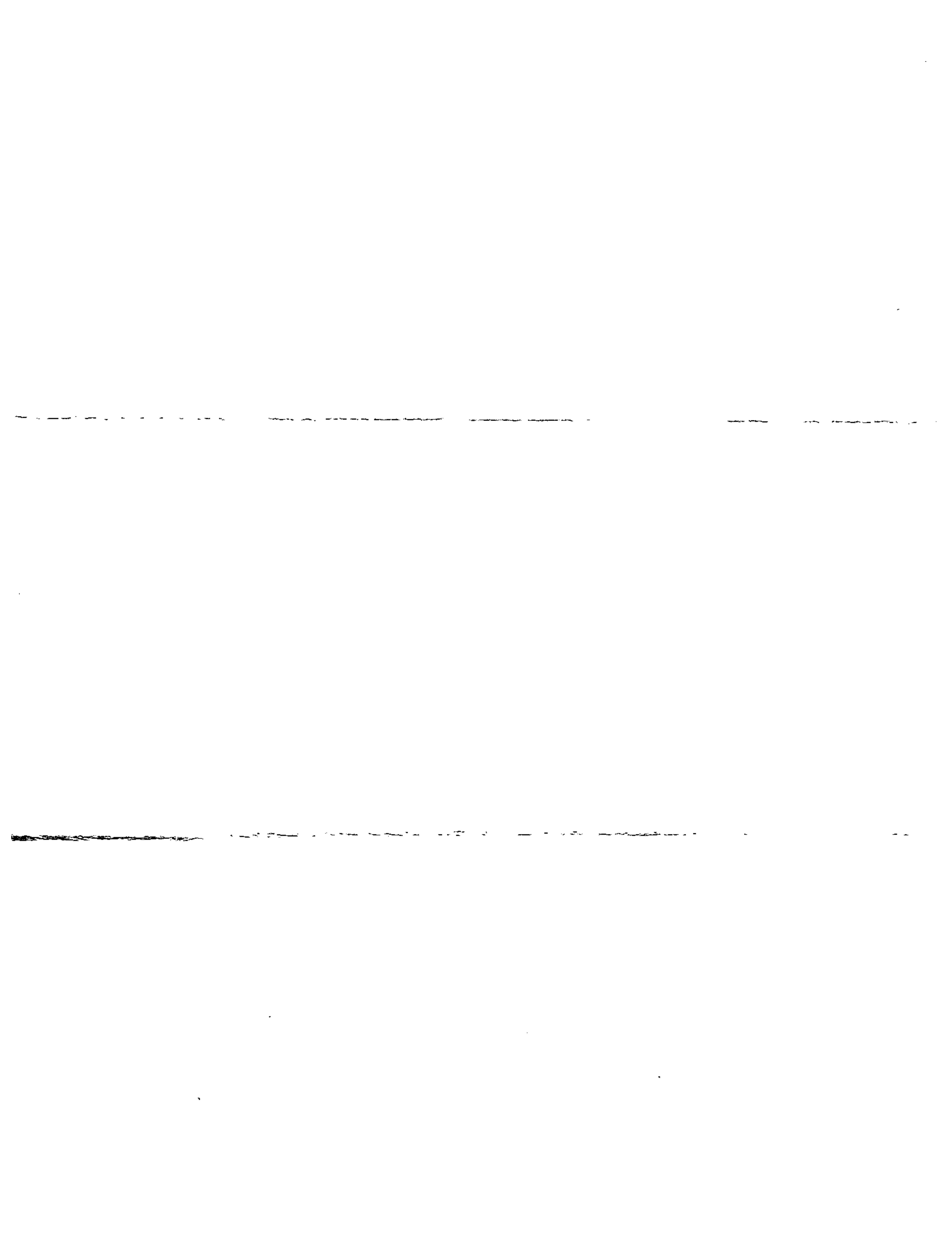
JUSTIN DANIEL ADKINS
Notary Public
State of Ohio
My Comm. Expires
July 7, 2026


Affiant Signature


Affiant Address & Phone


Sworn to and subscribed before me by the
Affiant on 7/20/2025


Notary Public/Authorized Peace
Officer/Clerk of Court



Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

1. SPD OSP
 CCSO Other _____
 Page 1

2. Case Number 25 - 31149	3. Arrest Number	4. Reserved For Court Use		
5. Name Last Ruhe	First Theodore	Middle T	Jr., Sr., etc.	
6. Alias <input checked="" type="checkbox"/> None				7. Home Phone
8. Address 1257 Kenwood Ave	9. Aptmnt	10. City Springfield	11. State OH	12. Zip 45505
13. Date of Birth 12/10/00	14. Age 24	15. Place of Birth - City & State	16. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	17. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
18. Hair <input type="checkbox"/> Blk <input checked="" type="checkbox"/> Bln <input type="checkbox"/> Gry <input type="checkbox"/> Mxd <input type="checkbox"/> Bld <input type="checkbox"/> Bro <input type="checkbox"/> Red <input type="checkbox"/> Other	19. Eyes <input checked="" type="checkbox"/> Blu <input type="checkbox"/> Grn <input type="checkbox"/> Gry <input type="checkbox"/> Bro <input type="checkbox"/> Haz <input type="checkbox"/> Other	20. Height 5'10	21. Weight 120	22. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium
23. Drivers License V2960521	24. State OH	25. Social Security Number	26. State ID Number (BCI)	
27. FBI Number	28. Place of Employment <input checked="" type="checkbox"/> None	29. Business Phone		
30. Employment Address None	31. Aptmnt	32. City	33. State	34. Zip
35. Veh Lic # <input checked="" type="checkbox"/> NA	36. State	37. Veh Lic Type <input type="checkbox"/> Auto <input type="checkbox"/> Commercial Truck <input type="checkbox"/> MC <input type="checkbox"/> Pickup <input type="checkbox"/> Other	38. Veh Year	39. Veh Make
42. Color	43. VIN	44. Identifiers <input type="checkbox"/> None		
45. Arrest Date 7/20/125	46. Arrest Time 2000hrs	47. Book Date 7/20/125	48. Book Time 2055	49. Book Off. Emp. # 348
50. Book Officer Name K. Bennett				
51. Arrest Location 1756 5 Limestone St	52. Aptmnt	53. <input type="checkbox"/> On View <input checked="" type="checkbox"/> Warrant	54. <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Ordered In <input type="checkbox"/> Posted Bond \$	55. Court Date 7/21/125
56. Violation Code/Section 1. <input checked="" type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR. 2903.18B	57. Charge Description Strangulation	58. Type <input type="checkbox"/> On View <input checked="" type="checkbox"/> Warrant	59. Cite/Case # 25-31149	60. CAD# 331L
61. Emp.# 918	62. Arr. Off. Name-Affiant S. Morris			
63. Transporting Officer <input type="checkbox"/> Same as Affiant <input type="checkbox"/> NA S. Morris	64. Emp.# 918	65. Transporting Officer	66. Emp.#	67. CAD Unit # 331L
68. Arrestee <input type="checkbox"/> Sick <input type="checkbox"/> NA <input type="checkbox"/> Injured	69. Treated <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	70. Trans. to <input type="checkbox"/> Squad Hospital By <input type="checkbox"/> POV	71. <input type="checkbox"/> Community Hospital <input type="checkbox"/> Mercy <input type="checkbox"/> Other	72. Doctor
73. Description of Sickness/Injury/Condition <input type="checkbox"/> Intoxicated				
74. Arrestee on <input type="checkbox"/> Parole <input checked="" type="checkbox"/> NA <input type="checkbox"/> Probation	75. Offense	76. Parole/Probation Officer <input type="checkbox"/> Unknown	77. Phone	<input type="checkbox"/> Unknown -
78. Arrestee Juvenile? - Parent or Legal Guardian Name & Address <input type="checkbox"/> NA				79. Phone
80. Arrested Juvenile Disposition <input type="checkbox"/> Released to Parent <input type="checkbox"/> Placed in DH <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other	81. Parents <input type="checkbox"/> By Arresting Officer <input type="checkbox"/> By Dispatcher Notified <input type="checkbox"/> By Transfer Officer <input type="checkbox"/> By DH Personnel <input type="checkbox"/> Other	82. Date Notified 1/1/125		
83. Contraband/Forfeiture Property <input type="checkbox"/> NA	Property has been seized as contraband and/or for forfeiture in relation to this arrest. See attached Property Receipt and/or Vehicle Tow Report.			84. Copy of Affidavit given to Arrestee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

Page 2

85. Case Number 25-31149	86. Arrestee Name Theodore T. Riche	87. Additional Arrestee Name	<input type="checkbox"/> None			
Witnesses to be subpoenaed at time of trial. If there is no home or work phone, try to obtain phone number for messages.						
88. Name <input type="checkbox"/> None	89. Address	90. Zip	91. Home Phone	92. Work Phone		
Victim	SPD CCSO OSP					
Victim	SPD CCSO OSP					
	SPD CCSO OSP					
	SPD CCSO OSP					
	SPD CCSO OSP					
93. Crash <input type="checkbox"/> Yes occur? <input type="checkbox"/> No	94. Was OH1 <input type="checkbox"/> Yes completed? <input type="checkbox"/> No	95. Arr. have <input type="checkbox"/> Yes Insurance? <input type="checkbox"/> No	96. Did affiant <input type="checkbox"/> Yes witness driving? <input type="checkbox"/> No	97. If not, who witnessed driving?	98. Veh. Searched <input type="checkbox"/> Yes <input type="checkbox"/> No	
99. Veh Dispos/ <input type="checkbox"/> IMP <input type="checkbox"/> RTO	100. If no one witnessed driving, how is exact time of vehicle operation established?			<input type="checkbox"/> NA	101. DUI Impaired Driver <input type="checkbox"/> Yes Report Prepared? <input type="checkbox"/> NA <input type="checkbox"/> No	102. Veh held <input type="checkbox"/> Yes for prints? <input type="checkbox"/> No
103. Vehicle towed where? <input type="checkbox"/> NA				104. Was Victim advised of rights and given Victim Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
105. Arrestee make <input type="checkbox"/> Yes admission of guilt? <input type="checkbox"/> No	106. Did Arrestee <input type="checkbox"/> Yes make a statement? <input type="checkbox"/> No	<input type="checkbox"/> Written statement <input type="checkbox"/> Taped Audio statement	<input type="checkbox"/> Verbal <input type="checkbox"/> Other	107. Written summaries of statements prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
108. Arrestee identi- <input type="checkbox"/> Yes fied by witness? <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Line-up	<input type="checkbox"/> Affiant witnessed crime <input type="checkbox"/> At Scene	<input type="checkbox"/> Photos of <input type="checkbox"/> Yes scene/victim? <input type="checkbox"/> No	110. Scene pro- <input type="checkbox"/> Yes cessed for prints? <input type="checkbox"/> No	111. Physical evi- <input type="checkbox"/> Yes dence at scene? <input type="checkbox"/> No	
112. Property receipt #:	113. Copy of receipt <input type="checkbox"/> Yes or inventory attached? <input type="checkbox"/> No - If no, list property:					
114. Were any physical or mental examinations or scientific tests conducted in connection with this case? <input type="checkbox"/> Yes - If yes, specify:			<input type="checkbox"/> Lab request attached			
115. Does arrestee have a prior con- <input type="checkbox"/> Yes - If yes, specify: viction record related to this arrest? <input type="checkbox"/> No						
116. Synopsis of Event. Brief and to the Point.						
<p>Officer Morris observed Theodore T. Riche while on patrol near 175th & 111th. Officer Morris arrested Mr. Riche on charges of 1st degree murder on 7-20-25.</p> <p>Officer Morris observed Mr. Riche walking next to and across Ave. Officer Morris knew Mr. Riche had felon warrant, arrested him on 7-20-25 for Strangulation. 2403.14(B)</p> <p>Officer Morris exited his patrol cruiser and placed Mr. Riche in custody at 2nd floor without incident. He was taken into the Clark County jail and will be arraigned on 7-21-25 at 10:27 hrs.</p>						
118. Signature of Officer Completing form: <i>L. L. L.</i>			119. Signature of Supervisor approving form and witness list: <i>L. L. L. 752</i>			
Date: 7-27-25			Arrest Form: Revised 11/21/94			

Law Enforcement Arrest Report

Name: RUHE, Theodore Thomas		Race: <input checked="" type="checkbox"/> W	Gender: <input checked="" type="checkbox"/> M	Height: <input checked="" type="checkbox"/> 510	Weight: <input checked="" type="checkbox"/> 120	Hair: <input checked="" type="checkbox"/> BLN	Eyes: <input checked="" type="checkbox"/> BLU	Build: <input checked="" type="checkbox"/>	Case Number: 25-SPD000031149
D.O.B. 12/10/2000	Age at time of offense: 24 Years 7 Months	FBI#: <input checked="" type="checkbox"/>			BCI#: <input checked="" type="checkbox"/>			ITN#: <input checked="" type="checkbox"/>	

Address: 1257 E. Kenwood Ave. Springfield, OH 45505-		Phone: 326-216-8118	P.O.B. (City & State): Unknown			
Arresting Agency: Springfield Police Division		Date/Time of Arrest: <input checked="" type="checkbox"/>	On Probation: <input checked="" type="checkbox"/> Yes If yes, P.O.'s Name: <input checked="" type="checkbox"/>	On Parole: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
			Township or County: Clark County	Driver's License #: <input checked="" type="checkbox"/>		
Employment: <input checked="" type="checkbox"/>		Employment Address: , OH	Driver's License State: OH		Employment Phone: <input checked="" type="checkbox"/>	
Vehicle License #:	Vehicle State: <input checked="" type="checkbox"/>	Vehicle License Type: <input checked="" type="checkbox"/>	Vehicle Year: <input checked="" type="checkbox"/>	Vehicle Make: <input checked="" type="checkbox"/>	Vehicle Model: <input checked="" type="checkbox"/>	Vehicle Style: <input checked="" type="checkbox"/>
Vehicle Color: <input checked="" type="checkbox"/>	Vehicle VIN #: <input checked="" type="checkbox"/>		Vehicle Identifiers: <input checked="" type="checkbox"/>			
Affiant: Officer Off K. Barger		Transporting Officers: <input checked="" type="checkbox"/>			Badge/Unit #: <input checked="" type="checkbox"/>	

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

STRANGULATION - 2903.18(B)(1) - F2

The defendant did knowingly cause injury to the victim by squeezing the victim's throat.

Victim: <input checked="" type="checkbox"/> Sick	Treated by: <input checked="" type="checkbox"/> Refused	Transferred to <input checked="" type="checkbox"/> Squad	Hospital: <input checked="" type="checkbox"/> Community	Doctor: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Injured	<input checked="" type="checkbox"/> Squad	<input checked="" type="checkbox"/> Hospital	Hospital by: <input checked="" type="checkbox"/> P.O.V. <input checked="" type="checkbox"/> Mercy <input checked="" type="checkbox"/> Other _____

Victim Description of Sickness/Injury/Condition: <input checked="" type="checkbox"/> Intoxicated				
Arrestee: <input checked="" type="checkbox"/> Sick	Treated by: <input checked="" type="checkbox"/> Refused	Transferred to <input checked="" type="checkbox"/> Squad	Hospital: <input checked="" type="checkbox"/> Community	Doctor: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Injured	<input checked="" type="checkbox"/> Squad	<input checked="" type="checkbox"/> Hospital	Hospital by: <input checked="" type="checkbox"/> P.O.V. <input checked="" type="checkbox"/> Mercy <input checked="" type="checkbox"/> Other _____

Arrestee Description of Sickness/Injury/Condition: <input checked="" type="checkbox"/> Intoxicated				
Arrestee Juvenile? Parent/Legal Guardian Name & Address:				

Arrested Juvenile <input checked="" type="checkbox"/> Placed in DH <input checked="" type="checkbox"/> Released to Parent	Parents <input checked="" type="checkbox"/> By Arresting Officer <input checked="" type="checkbox"/> By Dispatcher	Date Notified: <input checked="" type="checkbox"/>
Disposition: <input checked="" type="checkbox"/> Taken to HQ <input checked="" type="checkbox"/> Other _____	Notified: <input checked="" type="checkbox"/> By Transfer Officer <input checked="" type="checkbox"/> By DH Personnel <input checked="" type="checkbox"/> Other _____	

Witnesses: Off K. Barger 130 N. Fountain Ave. Springfield, OH 45502- 937-324-7685 Officer Perilman 130 N. Fountain Ave. Springfield, OH 45502-				
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FOR WARRANT ONLY

Crash <input checked="" type="checkbox"/> Yes	Was OH1 <input checked="" type="checkbox"/> Yes	Arrestee have <input checked="" type="checkbox"/> Yes	Did Affiant <input checked="" type="checkbox"/> Yes	If not, who <input checked="" type="checkbox"/>	Vehicle <input checked="" type="checkbox"/> Yes
occur? <input checked="" type="checkbox"/> No	completed? <input checked="" type="checkbox"/> No	insurance? <input checked="" type="checkbox"/> No	witness driving? <input checked="" type="checkbox"/> No	witnessed driving? <input checked="" type="checkbox"/>	searched? <input checked="" type="checkbox"/> No

Vehicle <input checked="" type="checkbox"/> IMP	If no one witnessed driving, how is exact time of vehicle operation established? <input checked="" type="checkbox"/> NA				DUI Impaired Driver <input checked="" type="checkbox"/> Yes
Disposition: <input checked="" type="checkbox"/> RTO					Report prepared? <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> No

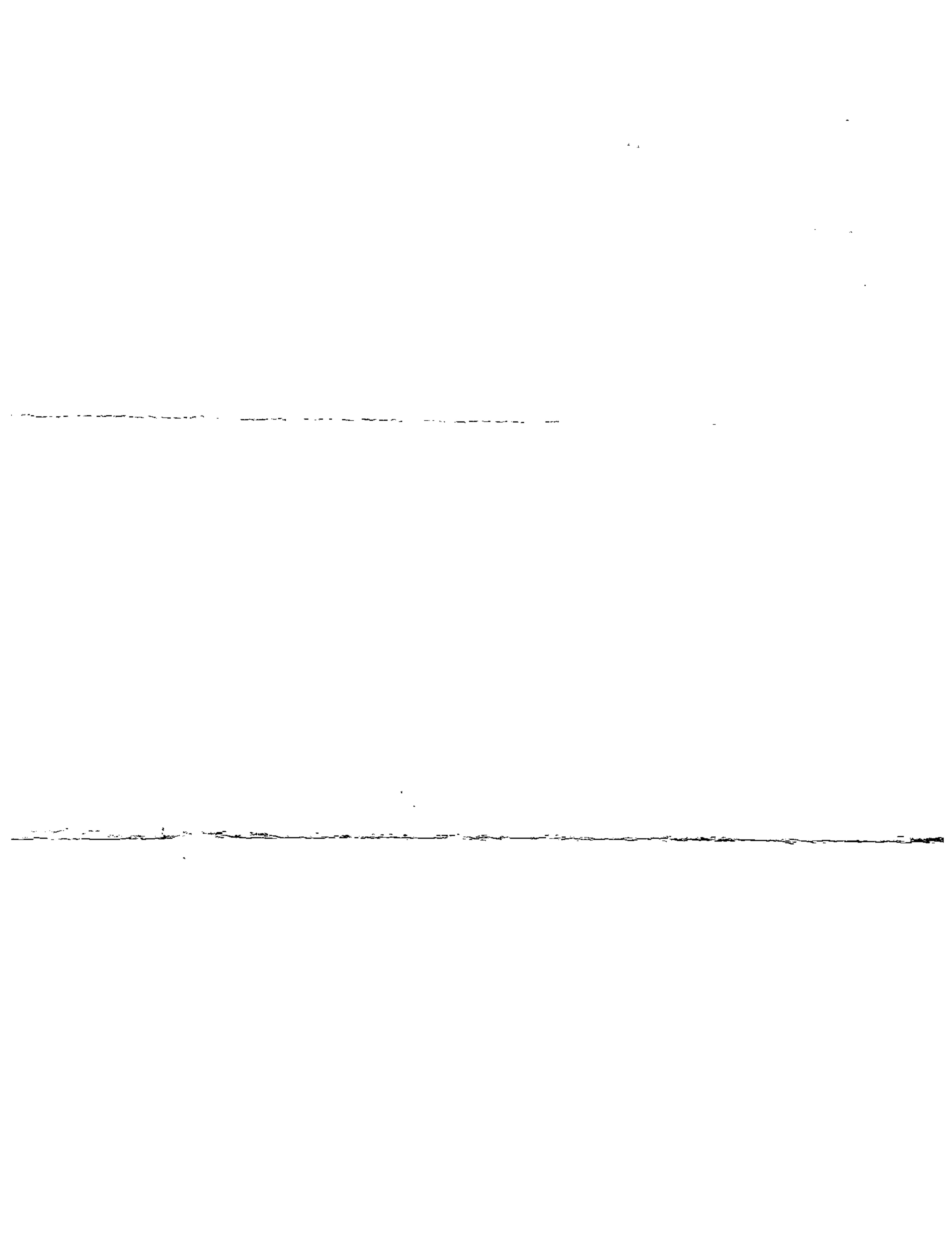
Vehicle held <input checked="" type="checkbox"/> Yes	Arrestee make <input checked="" type="checkbox"/> Yes	Did Arrestee make a <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Written Statement	<input checked="" type="checkbox"/> Verbal	Written summaries of <input checked="" type="checkbox"/> Yes
for prints? <input checked="" type="checkbox"/> No	admission of guilt? <input checked="" type="checkbox"/> No	statement? <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taped Audio Statement	<input checked="" type="checkbox"/> Other _____	statements prepared? <input checked="" type="checkbox"/> No

Arrestee identified <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Photo Array	<input checked="" type="checkbox"/> Affiant Witnessed Crime	Photos of <input checked="" type="checkbox"/> Yes	Photos taken by: <input checked="" type="checkbox"/>	Scene processed <input checked="" type="checkbox"/> Yes	Physical evidence <input checked="" type="checkbox"/> Yes
by Witness? <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Line-Up	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Taken back to Scene	scene/victim? <input checked="" type="checkbox"/> No	for prints? <input checked="" type="checkbox"/> Yes	at scene? <input checked="" type="checkbox"/> No

Property Receipt #:	Copy of receipt or <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Inventory attached? <input checked="" type="checkbox"/> No - If no, list property: <input checked="" type="checkbox"/>	Lab Request Attached <input checked="" type="checkbox"/>
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Were any physical or mental examinations or scientific tests conducted in connection with this case? <input checked="" type="checkbox"/> Yes - If yes, please specify <input checked="" type="checkbox"/>	Lab Request Attached <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No	

Signature of Officer(s)	Supervisor Signature:	Signature Book-In: <input checked="" type="checkbox"/>	Book-In Date/Time: <input checked="" type="checkbox"/>
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FINANCIAL DISCLOSURE FORM

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

YES

I. PERSONAL INFORMATION

Applicant's Legal Name Rube, Theodore			Ap	Date of Birth 12/10/2000								
Mailing Address 1257 Kenwood AVE		City Springfield	Email Address									
State OH	Zip Code 45550	Case No. 25CPA 1878	Phone	Cell Phone								
SSN Last 4 3617	Gender M	Race <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Spanish or Latino</td> <td><input checked="" type="checkbox"/> White</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Spanish or Latino	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Other			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander									
<input type="checkbox"/> Spanish or Latino	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Other										

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1) Rathy Baker	DOB 7/04/1972	Relationship 3) MOM	Name 4)	DOB	Relationship
2)					

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place a check mark if:

Ohio Works First/TANF: SSI: SSD: Medicaid: Poverty Related Veteran's 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	\$ 0	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$ 0	\$	\$
Employer's Name: N/A	Phone Number: _____		TOTAL INCOME
Employer's Address: _____			\$

V. LIQUID ASSETS

Type of Asset	Estimated Value	CLARK COUNTY MUNICIPAL COURT
Checking, Savings, Money Market Accounts	\$ 0	JUL 21 2025
Stocks, Bonds, CDs	\$ 0	
Other Liquid Assets or Cash on Hand	\$ 0	PROBATION DEPARTMENT
TOTAL LIQUID ASSETS	\$ 0	

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	\$ 0	Telephone	\$ 0
Child Care (if working only)	\$ 0	Transportation/Fuel	\$ 0
Insurance (medical, dental, auto, etc.)	\$ 0	Taxes Withheld/Owed	\$ 0
Mental/Dental Expenses or Associated Costs of caring for Infirm Family Member	\$ 0	Credit Card/Other Loans	\$ 0
Rent/Mortgage	\$ 0	Utilities (gas, electric, water, sewer, trash)	\$ 0
Food	\$ 0	Other (specify)	\$ 0
EXPENSES	\$ 0	EXPENSES	\$ 0

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

Theodore Ruhé

(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.

Theodore Ruhé

Signature of applicant

Date

Name and title of authorized persons completing form on behalf of applicant. Information obtained via phone or video.

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)	\$ 0.00	\$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$ 0.00	\$ 0.00
	TOTAL INCOME	\$ 0.00

*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.