

Date 7/21/25 **COURT ACTION, ORDERS, ENTRIES**

Plea: ☐ Guilty ☒ Not Guilty ☐ No Contest

Finding on No Contest ☐ Guilty ☐ Not Guilty

Assignment:

- BT 7/23
- 
- 
- 
- 
- 
- 
- 

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: PN

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_



#25CRA01878\*

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

**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

BY \_\_\_\_\_ DEPUTY

MUNICIPAL COURT

2025 JUL 21 AM 8:38

FILED

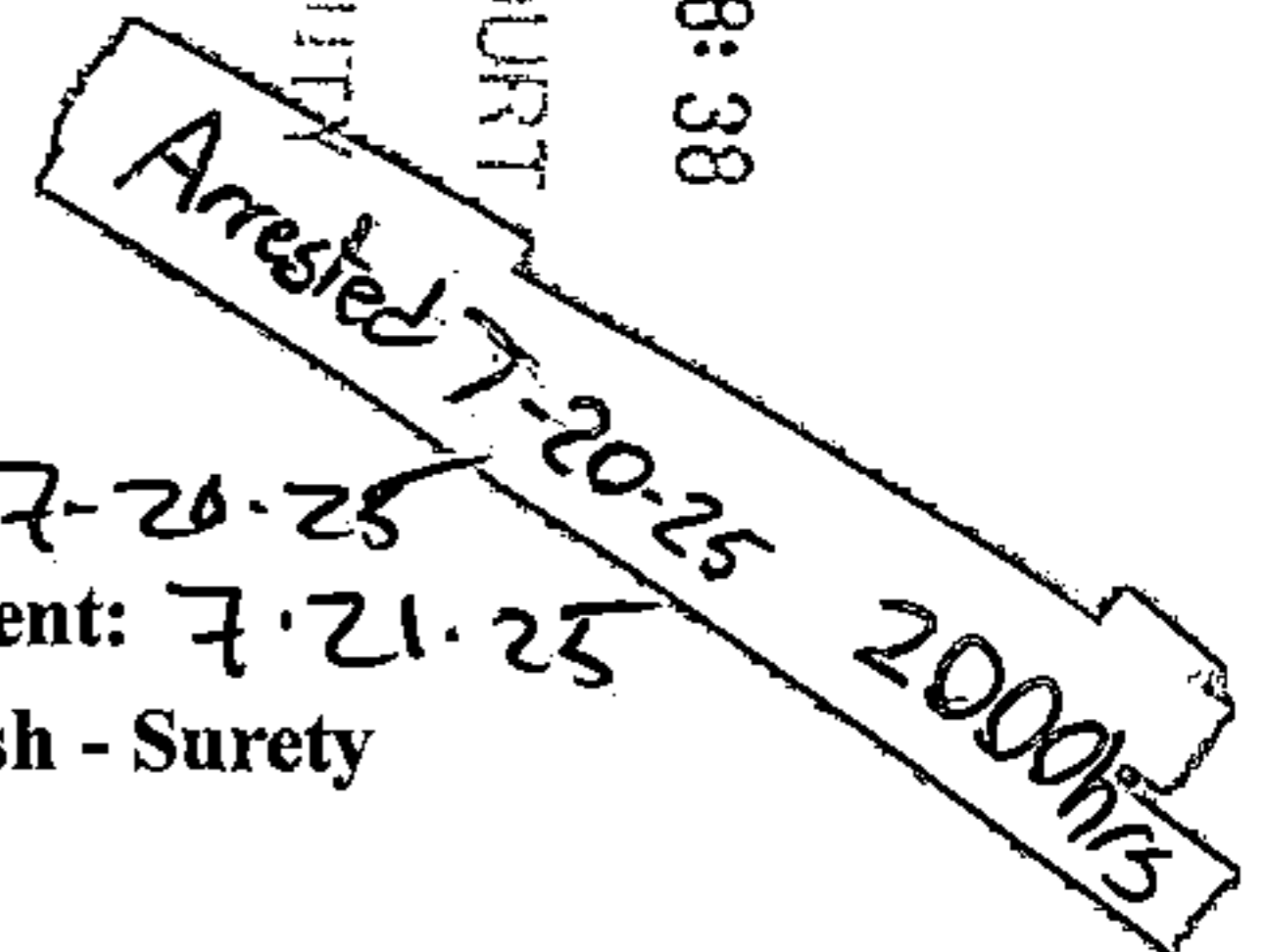
Date of Arrest: 7-20-25

Date of Arraignment: 7-21-25

Bond Posted - Cash - Surety

Amount:

NO BOND



*Jail 7/21*  
*369657*  
*7/20/25*  
*10,000 c/s*  
*No*  
*corrected w/*  
*Jenn. Bell Fnh2*  
*V20*

*25-4721*

**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:**

THEODORE THOMAS RUHE  
1257 E. Kenwood Ave.

*Victim:*

Springfield, OH 45505-

DOB: December 10, 2000

SSAN: \*\*\* - \*\* - 3617

W/M - 510/120 - BLN/BLU

**Criminal Charge**

**Location of Occurrence:**

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~~**

**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

*[Signature]*

Complainant: Officer Off K. Barger

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

*[Signature]*

Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date:  
Request for Warrant

☒ 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  
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 \_\_\_\_\_ 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 \_\_\_\_\_, reporting party and victim, about the incident. \_\_\_\_\_ 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 \_\_\_\_\_ throat. Officer Barger took photos of the marks and handprint. \_\_\_\_\_ advised she wanted charges filed against \_\_\_\_\_ for choking her. \_\_\_\_\_ 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 <input checked="" type="checkbox"/> None									
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. <input checked="" type="checkbox"/> Male Sex <input type="checkbox"/> Female			
18. <input type="checkbox"/> Blk <input checked="" type="checkbox"/> Bln <input type="checkbox"/> Gry <input type="checkbox"/> Mxd <input type="checkbox"/> Bld Hair <input type="checkbox"/> Bro <input type="checkbox"/> Red <input type="checkbox"/> Other		19. <input checked="" type="checkbox"/> Blu <input type="checkbox"/> Grn <input type="checkbox"/> Gry Eyes <input type="checkbox"/> Bro <input type="checkbox"/> Haz <input type="checkbox"/> Other		20. Height 5'10		21. Weight 120		22. <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large Build <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 <input checked="" type="checkbox"/> None							
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 <input type="checkbox"/> Auto <input type="checkbox"/> Commercial Truck Type <input type="checkbox"/> MC <input type="checkbox"/> Pickup <input type="checkbox"/> Other		38. Veh Year		39. Veh Make		40. Veh Model		41. Style	
42. Color		43. VIN		44. Identifiers <input type="checkbox"/> None									
45. Arrest Date 7/20/25		46. Arrest Time 2000hrs		47. Book Date 7/20/25		48. Book Time 2055		49. Book Off. Emp. # 348		50. Book Officer Name K. Bennett			
51. Arrest Location 1756 S Limestone St				52. Aptmnt		53. <input type="checkbox"/> On View <input checked="" type="checkbox"/> Warrant		54. <input checked="" type="checkbox"/> Jail <input type="checkbox"/> Ordered In <input type="checkbox"/> Posted Bond \$		55. Court Date 7/21/25			
56. Violation Code/Section		57. Charge Description		58. Type		59. Cite/Case #		60. CAD#		61. Emp.#		62. Arr. Off. Name-Affiant	
1. <input checked="" type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR. 2903.18B		Strangulation		<input type="checkbox"/> On View <input checked="" type="checkbox"/> Warrant		25-31149		331L		918		S. Morris	
2. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant				231L		926		Oates	
3. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant									
4. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant									
5. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant									
6. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant									
63. Transporting Officer <input type="checkbox"/> Same as Affiant <input checked="" type="checkbox"/> NA S. Morris				64. Emp.# 918		65. Transporting Officer				66. Emp.#		67. CAD Unit # 331L	
68. Arrestee <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input type="checkbox"/> Injured		69. Treated <input type="checkbox"/> Refused By <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 checked="" type="checkbox"/> NA										79. Phone <input type="checkbox"/> None			
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 / /					
83. Contraband/Forfeiture Property <input checked="" 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	

## Page 2

Arrest Form: Revised 11/21/04

# Law Enforcement Arrest Report

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

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

CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY
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**STRANGULATION - 2903.18(B)(1) - F2**

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

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

Victim Description of Sickness/Injury/Condition:

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

Arrestee Description of Sickness/Injury/Condition:

Arrestee Juvenile? Parent/Legal Guardian Name & Address:
--

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

**FOR WARRANT ONLY**

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Was OH1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrestee have <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Affiant <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	witness driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	witnessed driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	searched? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP <input type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			<input type="checkbox"/> NA	DUI Impaired Driver Report prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle held <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrestee make <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Arrestee make a <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Statement <input type="checkbox"/> Verbal <input type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other	Written summaries of statements prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrestee identified <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime	Photos of <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken by:	Scene processed <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
by Witness? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Line-Up <input type="checkbox"/> At Scene <input type="checkbox"/> Taken back to Scene	Scene/victim? <input type="checkbox"/> Yes <input type="checkbox"/> No		for prints? <input type="checkbox"/> Yes <input type="checkbox"/> No	at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Receipt #:	Copy of receipt or inventory attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, list property:				

Were any physical or mental examinations or scientific tests conducted in connection with this case? <input type="checkbox"/> Yes - If yes, please specify <input type="checkbox"/> No	<input type="checkbox"/> Lab Request Attached
Signature of Officer(s): <i>[Signature]</i>	Supervisor Signature: <i>[Signature]</i>
Signature Book-In:	Book-In Date/Time:

Date Printed: 7/20/2025



# FINANCIAL DISCLOSURE FORM

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

45

## I. PERSONAL INFORMATION

Applicant's Legal Name <b>Rube, Theodore</b>		Ap <b>Springfield</b>		Date of Birth <b>12/10/2000</b>	
Mailing Address <b>1257 Kenwood Ave</b>			Email Address		
State <b>OH</b>	Zip Code <b>45505</b>	Case No. <b>25CPA1878</b>	Phone		Cell Phone
SSN Last 4 <b>3617</b>	Gender <b>M</b>	Race <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	DOB	Relationship	Name	DOB	Relationship
1) <b>Ruby Baker</b>	<b>7/04/1972</b>	<b>MOM</b>	3)		
2)			4)		

## 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	\$ <b>0</b>	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$ <b>0</b>	\$	\$
Employer's Name: <b>N/A</b> Phone Number: <b></b>			TOTAL INCOME \$
Employer's Address: <b></b>			

## V. LIQUID ASSETS

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

## VI. MONTHLY EXPENSES

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

## 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 Ruhe (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.

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

Theodore Ruhe  
Signature of applicant

\_\_\_\_\_  
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)	\$	\$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$ 0.00
	<b>TOTAL INCOME</b>	<b>\$ 0.00</b>

\*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.