

**Instructions for Completing  
Financial Disclosure Form OPD-206R**

The following instructions are for the [Financial Disclosure form OPD-206R](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE APPLICANT**

- (1) Enter the name of the applicant.
- (2) Enter the applicant's date of birth. Use the Month/Day/Year format.
- (3) If the person being represented is a juvenile, enter the juvenile's name.
- (4) Enter the juvenile's date of birth. Use the format Month/Day/Year.
- (5) Enter the applicant's mailing address. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (6) Enter the case number for which representation is being provided.
- (7) Enter the home phone number of the applicant. If there is no home phone, write "none" in this space.
- (8) Enter the cell phone number of the applicant. If there is no cell phone, write "none" in this space.
- (9) Enter the last four digits of the applicant's Social Security Number.
- (10) Enter the applicant's gender.
- (11) Enter the applicant's race.
- (12) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (13) Enter the dates of birth of the other persons living in the applicant's household.
- (14) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother." If there are more than four other persons living in the applicant's household, attach an additional sheet that provides the same information for those not listed on the form.
- (15) If the applicant is receiving assistance from any governmental agency listed here, place an "X" next that type of assistance.

*For each type of income, the applicant must enter his or her own earnings in the "Applicant" column and the spouse's earnings in the "Spouse" column. In the "Total" column, enter the total income from each type by adding the amounts across each row.*

- (16) Enter the gross monthly income of the applicant.

- (17) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the applicant receives.
- (18) Enter the gross monthly income of the spouse (unless the spouse is the alleged victim).
- (19) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the spouse receives.
- (20) Enter the sum of the employment income of both the applicant and the spouse.
- (21) Enter the sum of other types of income of both the applicant and the spouse.
- (22) Enter the total income for the household by adding together the amounts in the "Total Income" column.
- (23) Enter the name of the applicant's employer.
- (24) Enter the address of the employer.
- (25) Enter the phone number of the employer(s).

*In this section, the applicant must list the estimated value of each liquid asset.*

- (26) Enter the estimated value of all checking, savings, and money market accounts.
- (27) Enter the estimated value of all stocks, bonds and CDs owned by the applicant.
- (28) Enter any other liquid assets or cash on hand owned by the applicant.
- (29) Enter the total liquid assets by adding together the amounts in the "Estimated Value" column.

*List monthly household expenses for the following:*

- (30) Enter amount of monthly child support actually paid for children not residing in the applicant's household.
- (31) Enter the amount of monthly child care costs. This expense may not be claimed if any adult member of the applicant's household is unemployed.
- (32) Enter monthly cost of all insurance (medical, dental, life, homeowners insurance, renter's insurance, automobile insurance, etc.) costs.
- (33) Enter monthly cost of all health and dental care that is over and above the amount paid for medical and dental insurance (this may include prescription medications, co-payments, the payment of deductibles, etc.) and all medical expenses and other expenses incurred in caring for sick or injured family members.
- (34) Enter monthly payment made for rent or mortgage.
- (35) Enter monthly amount spent on food by the applicant's household. The dollar value of food purchased with food stamps should be included in the amount entered.
- (36) Enter total of expenses in this column.
- (37) Enter monthly telephone expenses.

- (38) Enter monthly transportation expenses. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs.
- (39) Enter amount of taxes withheld or owed. This may include the monthly amount of federal, state, and local taxes owed by the applicant, including current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (40) Enter monthly payment of all credit cards and loans. This includes the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant. This also includes the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (41) Enter monthly utility expenses, including gas, electric, water/sewer, and trash.
- (42) Enter any other monthly expenses, and specify what those expenses are.
- (43) Enter total of expenses in this column.
- (44) Print or type the name of the applicant.
- (45) Enter the signature and date of the applicant.

**TO BE COMPLETED BY THE JUDGE**

*This section of the form should only be completed if the applicant is unable to fill out the Financial Disclosure Form. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.*

- (46) List the reason the client is unable to sign the form.
- (47) The judge must sign and date any form that cannot be properly completed by the applicant.

**TO BE COMPLETED IF THE DEFENDANT IS A JUVENILE**

- (48) Enter the gross monthly income of the custodial parents.
- (49) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the custodial parents receive.
- (50) Enter the total income of the custodial parents.