

**OHIO PUBLIC DEFENDER  
CLERK OF COURT INDIGENT APPLICATION FEE REPORT**  
(R.C. 120.36)

**Reporting Period:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Court(s):** \_\_\_\_\_

A. Number of persons who requested or were provided a state public defender, county or joint county public defender, or other counsel appointed by the court. \_\_\_\_\_

B. Number of persons for whom the court(s) waived the application fee. \_\_\_\_\_

C. Total dollar value assessed. \$ \_\_\_\_\_

D. Amount of fees collected. \$ \_\_\_\_\_

E. Balance of unpaid assessed fees at the beginning of the reporting period. \$ \_\_\_\_\_

F. Balance of unpaid assessed fees at the end of the reporting period. \$ \_\_\_\_\_

Remit report to:

Terri Wilson  
Office of the Ohio Public Defender  
250 East Broad Street - Suite 1400  
Columbus, Ohio 43215