

**OHIO PUBLIC DEFENDER
INDIGENT APPLICATION FEE**

COUNTY AUDITOR MONTHLY REMITTANCE FORM
(R.C. 120.36)

County: _____

Month & Year: _____

A. Amount of fees remitted to the county treasurer during the above referenced month. \$ _____

B. Amount being remitted to the State Public Defender for the above referenced month (20% x amount listed in A) \$ _____

Make checks/warrants payable to "Ohio Public Defender" and remit to:

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