

IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO  
CRIMINAL DIVISION

STATE OF OHIO

CASE NO. 2024CR03226

Plaintiff,

JUDGE DANKOF

v.

**MOTION TO APPOINT COUNSEL  
FOR APPEAL AND TO ALLOW  
DEFENDANT TO PROCEED IN  
FORMA PAUPERIS**

JONATHAN LINK

Defendant.

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Defendant, Jonathan Link, by counsel, hereby moves this Court for an Order for the appointment of counsel to represent him in an appeal from his conviction and sentence herein, and for leave to proceed in forma pauperis. A proposed Entry is being submitted herewith. The reasons for this Motion are more fully set forth in the attached memorandum.

Respectfully submitted,

/s/ Dennis A. Lieberman

Dennis A. Lieberman (#0029460)  
Flanagan, Lieberman & Rambo  
10 North Ludlow Street, Suite 200  
Dayton, Ohio 45402  
937-223-5200  
937-223-3335 Facsimile  
[lieberman@flrlegal.com](mailto:lieberman@flrlegal.com)

## **MEMORANDUM**

Defendant, Jonathan Link, wishes to exercise his right to appeal from the judgment of the Court filed herein on January 22, 2026. Jonathan Link is unable to afford the filing fee and is unable to afford retained counsel. Mr. Link's Affidavit of Indigency is attached hereto. A proposed Entry granting Jonathan Link leave to proceed in forma pauperis, and appointing counsel on appeal, is being submitted herewith. Current counsel has prepared a Notice of Appeal and attendant paperwork and will file same immediately upon the filing of the Entry granting in forma pauperis status.

Respectfully submitted,

/s/ Dennis A. Lieberman  
Dennis A. Lieberman (#0029460)  
Flanagan, Lieberman & Rambo  
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Dayton, Ohio 45402  
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## **Certificate of Service**

I hereby certify that on this 11<sup>th</sup> day of February 2026, this document was electronically filed via the Court's authorized electronic filing system, which will send notifications of this filing to all parties.

/s/ Dennis A. Lieberman  
Dennis A. Lieberman (#0029460)

# FINANCIAL DISCLOSURE FORM

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

24CL03226

I. PERSONAL INFORMATION									
Applicant's Legal Name Jonathan Link				Applicant's Preferred Name and Pronoun				Date of Birth	
Mailing Address Incarcerated				City		Email Address			
State	Zip Code	Case No.			Phone		Cell Phone		
SSN Last 4	Gender	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 type="checkbox"/> White <input type="checkbox"/> Other							
II. OTHER PERSONS LIVING IN HOUSEHOLD									
Name		DOB		Relationship		Name		DOB	
1)						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		\$		\$				\$ 0.00	
Unemployment, Worker's Compensation, Child Support, Other Types of Income		\$		\$				\$ 0.00	
								<b>TOTAL INCOME</b>	
								\$ 0.00	
Employer's Name: _____ Phone Number: _____									
Employer's Address: _____									
V. LIQUID ASSETS									
Type of Asset					Estimated Value				
Checking, Savings, Money Market Accounts					\$				
Stocks, Bonds, CDs					\$				
Other Liquid Assets or Cash on Hand					\$				
<b>TOTAL LIQUID ASSETS</b>					\$ 0.00				
VI. MONTHLY EXPENSES									
Type of Expense		Amount		Type of Expense		Amount			
Child Support Paid Out		\$		Telephone		\$			
Child Care (if working only)		\$		Transportation/Fuel		\$			
Insurance (medical, dental, auto, etc.)		\$		Taxes Withheld/Owed		\$			
Mental/Dental Expenses or Associated Costs of caring for Infirm Family Member		\$		Credit Card/Other Loans		\$			
Rent/Mortgage		\$		Utilities (gas, electric, water, sewer, trash)		\$			
Food		\$		Other (specify)		\$			
<b>EXPENSES</b>		\$ 0.00		<b>EXPENSES</b>		\$ 0.00			
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

I, Jonathan Link (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.

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.