



# Office of the Ohio Public Defender

Elizabeth R. Miller, *State Public Defender*

March 7, 2024

Name  
Address  
Address

Dear Name,

I am writing to you about a recent change in sex offender registration law. On January 11, 2024, Ohio House Bill 35 became effective. Among other things, this law creates a way for people who are improperly classified under the Adam Walsh Act, but were convicted of offenses that occurred before January 1, 2008, to become reclassified under Megan's Law (the old registration scheme). People who are reclassified would get credit for the time that they have already registered. It is possible that you are in the group of people who are eligible to be reclassified. There is one year from the effective date of this new law to file for reclassification, and the deadline is January 10, 2025.

According to the Attorney General's public database, you are currently registered as a Tier III offender, which requires lifetime registration every ninety days. If you are currently classified under the Adam Walsh Act, but your crime of conviction was committed before January 1, 2008, you can file a motion in your court of conviction requesting to be reclassified. Before the court can reclassify you, it must hold a hearing. At the hearing, you have the right to an attorney. If the court determines that you are indigent, you have the right to an appointed attorney. This attorney can give you advice and advocate to have you reclassified. If the trial court agrees that you are eligible for reclassification, it may then be able to reclassify you as a:

- Sexually oriented offender, which requires you to register yearly for 10 years; or
- Habitual sexual offender, which requires you to register yearly for 20 years; or
- Sexual predator, which requires you to register every 90 days for life.

Unlike the Adam Walsh Act, your classification under Megan's Law does not depend only on your crime of conviction. Instead, courts may look at other convictions and do a risk assessment.



614.466.5394 | 800.686.1573  
TTY 800.750.0750



250 E. Broad Street, Suite 1400  
Columbus, OH 43215



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This means that there is no guarantee that seeking reclassification will shorten your registration obligations or make them less strict. For people who are classified as a Tier III registrant, there is no Megan’s Law classification that could require a longer period of registration. But that is not true for people who are Tier I or Tier II. It makes sense for *some* people who are eligible for reclassification to ask for it. But it may not make sense for *every* person who is eligible. For Tier III registrants who are improperly classified under the Adam Walsh Act, this new law could shorten the amount of time a person needs to register or it could leave your registration obligations essentially the same as they are currently, but your official label could become “sexual predator” instead of “Tier III.” For other people, reclassification could make their registration period shorter or it could also possibly lengthen the registration period.

You should not read this letter as advice that **you** should try to seek reclassification. I am not providing that advice, and I cannot provide it because I do not have adequate information about your specific circumstances. Instead, I would encourage you to speak with a lawyer. If you are unable to afford a lawyer, you may write to us (using the enclosed questionnaire) at:

Office of the Ohio Public Defender  
250 E. Broad Street, #1400  
Columbus, OH 43215  
Attn: Intake/HB 35

While we cannot guarantee representation, we can evaluate the circumstances of your case and—at the very least—provide you with some resources.

I wish you all the best.

Sincerely,

Office of the Ohio Public Defender

Encls.

Questionnaire  
Financial Disclosure Form



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# Office of the Ohio Public Defender

Elizabeth R. Miller, State Public Defender

## House Bill 35 Questionnaire

If you would like the Office of the Ohio Public Defender to review your registration obligations for potential relief under House Bill 35, please fill out the questionnaire below and the enclosed financial disclosure form, and then return it to:

Office of the Ohio Public Defender  
250 E. Broad Street, #1400  
Columbus, OH 43215  
Attn: Intake/HB 35

While we cannot promise to represent you in court, we will review the information you provide and determine if and how we might be able to help you. Because we are only able to represent indigent people, we will be unable to represent people who do not provide a financial disclosure form. But we can share pro se information more broadly.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred pronouns (optional): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### Current Registration Status (Circle One):

Tier I

Tier II

Tier III

Sexually Oriented Offender

Habitual Sexual Offender

Sexual Predator

(continue on next page)

**List all in-state and out-of-state convictions**  
**(If known, please include county, case number, offense, sentence, and date of offense):**

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**Any additional information that you care to share:**

## FINANCIAL DISCLOSURE FORM

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

### I. PERSONAL INFORMATION

Applicant's Legal Name		Applicant's Preferred Name and Pronoun			D.O.B.
Mailing Address				City	
State	Zip Code	Case No.	Phone	Cell Phone	
SSN Last 4	Gender	Race (double-click to de-select)			
		<input type="checkbox"/> American Indian or Alaska 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	D.O.B.	Relationship	Name	D.O.B.	Relationship
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 an 'X'

Ohio Works First / TANF: \_\_\_\_ SSI: \_\_\_\_ SSD: \_\_\_\_ Medicaid: \_\_\_\_ Poverty Related Veterans' 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 <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income	\$	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$
<b>TOTAL INCOME</b>			<b>\$</b>

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>	<b>\$</b>

### 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 or Owed	\$
Medical / 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>	<b>\$</b>	<b>EXPENSES</b>	<b>\$</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**

I, \_\_\_\_\_ (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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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)	\$ _____	\$ _____
Unemployment, Workers Compensation, Child Support, Other Types of Income	\$ _____	\$ _____
	<b>TOTAL INCOME</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.