

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

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

I. PERSONAL INFORMATION

Applicant's Name	D.O.B.	Person Represented's Name <i>(if juvenile)</i>	D.O.B.
Mailing Address	City	State	Zip Code
Case No.	Phone ()	Cell Phone ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

Please place an 'X'

Ohio Works First / TANF: ___ SSI: ___ SSD: ___ Medicaid: ___ Poverty Related Veterans' Benefits: ___ Food Stamps: ___

Refugee Settlement Benefits: ___ Incarcerated: ___ Committed to a Public Mental Health Facility: ___

Other (please describe): _____ Juvenile: ___ *(if juvenile, please continue at section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse	Total Income
Gross Monthly Employment Income			
Unemployment, Worker's Compensation, Child Support, Other Types of Income			
TOTAL INCOME			\$

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	\$
Total Liquid Assets	\$

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (if working only)		Transportation for Work / Fuel	
Insurance		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)	
EXPENSES	\$	EXPENSES	\$

VII. INITIAL DETERMINATION OF INDIGENCY

<p>TOTAL INCOME: _____</p> <p>TOTAL LIQUID ASSETS: + _____</p> <p>TOTAL EXPENSES: - _____</p> <p>TOTAL ADJUSTED INCOME: = _____</p>	<p>_____ The total adjusted income is at or below 187.5% of the Federal Poverty Guidelines</p> <p>_____ The applicant is unable to pay filing fees/deposit</p> <p>_____ The total adjusted income is between 187.5% - 125% of the Federal Poverty Guidelines.</p>
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VIII. \$25.00 APPLICATION FEE NOTICE

By submitting this Financial Disclosure / Affidavit of Indigency 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 seven (7) days of submitting this form to the entity that will make a determination regarding your indigency.

IX. AFFIDAVIT OF INDIGENCY

I, _____ (applicant) being duly sworn, state:

1. I am financially unable to pay the required filing fees/deposit without substantial hardship to me or my family.
2. I understand that I must inform the court if my financial situation should change before the disposition of the case(s) for which assistance is being provided.
3. I understand that I may be subject to criminal charges for providing false financial information in connection with this application.
4. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Affiant's signature

Date

Notary Public / Individual duly authorized to administer oath:

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____, _____, at _____, County of _____, State of Ohio.

Signature of person administering oath

Title (example: Notary, Deputy Clerk of Courts, etc.)

X. JUDGE CERTIFICATION

I hereby certify that above-noted applicant is unable to fill out and / or sign this financial disclosure / affidavit for the following reason: _____. I have determined that the applicant meets the criteria for receiving relief from payment of the filing fee/court deposit.

Judge's signature

Date