

**IN THE COURT OF COMMON PLEAS OF LUCAS COUNTY, OHIO
JUVENILE DIVISION**

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

\$25.00 PROCESSING FEE

CHECK THE APPROPRIATE DEPARTMENT

Pro Bono Legal Services Program (*Pro Se* Juvenile Clinic Client Info Sheet) ___ Clerk's Office - Request to Waive Filing Fees/Court Costs ___

I. PERSONAL INFORMATION

Name		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
1)		
2)		
3)		
4)		

III. PRESUMPTIVE ELIGIBILITY

Indigency is presumed if you meet any of the qualifications below. Please place an 'X' where appropriate.

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, 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 / 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)	
EXPENSES	\$	EXPENSES	\$

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, s/he is considered indigent.
 If applicant's Liquid Assets in Section V exceed figures provided in O.A.C. 120-1-03, s/he will not be considered indigent if those liquid assets can be used to pay the applicable fees/costs.
 If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable pay the applicable fees/costs after paying monthly expenses in Section VI, applicant may be considered indigent.

VIII. AFFIDAVIT OF INDIGENCY

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

- I am financially unable to pay the court fees/costs without substantial hardship to me or my family.
- I understand that I must inform the Clerk's Office/*Pro Se* Juvenile Clinic if my financial situation should change before the disposition of the case(s).
- I understand that if it is determined by the county or the court that I must pay the court fees/costs, I may be required to reimburse the county if those fees/costs are paid for me up front. Any action filed by the county to collect the fees/costs hereunder must be brought within two years from the last date such fees/costs were paid.
- I understand that I am subject to criminal charges for providing false financial information in connection with this application for a waiver of court fees/costs, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
- 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.)

IX. 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 party represented meets the criteria for receiving a waiver of court fees/costs.

Judge / Magistrate Signature Date