

IN THE COURT OF COMMON PLEAS, LUCAS COUNTY, OHIO
Juvenile Division

In the Matter of:

Case Number: _____

Name: _____ DOB: _____

Judge _____

Name: _____ DOB: _____

Magistrate _____

**MOTION FOR WAIVER OF FILING
FEES/COSTS AND AFFIDAVIT OF
INDIGENCY**

Petitioner/Plaintiff

VS

Respondent/Defendant

Now comes _____, (your name) pursuant to §2323.31 and 2323.311 of the Ohio Revised Code, who moves this Court for an order finding them to be indigent and waiving the required filing costs/fees.

The **attached Affidavit of Indigency** is a sworn statement of my true income, assets and expenses, including the names and ages of the persons whom I have a legal duty to support. I understand that in making their determination, the Court will review the information provided by me in the Affidavit. If I am not found to be indigent, I will be notified by the Court and required to pay the filing costs **before** my hearing will be scheduled. If I do not make the required payment within thirty (30) days, my filing will be dismissed and in order to have my case heard, I will need to file a new pleading.

Wherefore, the undersigned hereby moves this court to grant an order finding them to be indigent and waiving the required filing fees pursuant to ORC §2323.311.

Respectfully Submitted,

Signature

Printed Name

IN THE COURT OF COMMON PLEAS, LUCAS COUNTY, OHIO
Juvenile Division

In the Matter of:

Case Number: _____

Name: _____ DOB: _____

Judge _____

Name: _____ DOB: _____

Magistrate _____

**ORDER REGARDING WAIVER OF
FILING FEES AND AFFIDAVIT OF
INDIGENCY**

Petitioner/Plaintiff

VS

Respondent/Defendant

ORDER REGARDING WAIVER OF APPLICATION FEE

Motion for Waiver of the filing fees due to indigent finding pursuant to §2323.31 and 2323.311 of the Ohio Revised Code filed on _____ is hereby:

- Granted** (Fee is WAIVED) – Applicant’s income falls at or below the standards set forth by the Ohio Revised Code in regards to indigent litigants. **The Clerk shall schedule the underlying matter for hearing.**
- Denied** – Applicant’s income is above the standards set forth by the Ohio Revised Code in regards to indigent litigants. **The Clerk shall send copy of this order to the requesting party. The requesting party will have thirty (30) days from the date of this order to pay the required fees/costs. Failure to pay the required fees/costs within the thirty (30) days will result in the automatic dismissal of their pleading.**

It is so **ORDERED**.

Judge/Magistrate

Date

AFFIDAVIT OF INDIGENCY FORM- MOTION FOR WAVIER OF FILING FEES/COSTS

Pursuant to O.R.C. 2323.311(B) (1), this form requests substantially the same information as the Ohio Public Defender Financial Disclosure form (ODP-206R).

| I. PERSONAL INFORMATION | | | |
|-------------------------|--------|---|-------------------|
| Applicant's Name | | | D.O.B. |
| Mailing Address | | City | State Zip Code |
| Case No. | | Phone | Cell Phone |
| SSN Last 4 | Gender | Race (place an 'X' by all that apply) <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. APPLICANT'S DEPENDENTS | | | | | |
|----------------------------|--------|--------------|------|--------|--------------|
| Name | D.O.B. | Relationship | Name | D.O.B. | Relationship |
| 1) | | | 3) | | |
| 2) | | | 4) | | |

| III. PRESUMPTIVE ELIGIBILITY |
|---|
| <p>Waiver of filing fee is presumed if the applicant meets any of the qualifications below. (place an 'X' by all that apply)</p> <p> <input type="checkbox"/> Ohio Works First / TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Medicaid <input type="checkbox"/> Poverty Related Veterans' Benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> Refugee Settlement Benefits <input type="checkbox"/> Incarcerated in state penitentiary <input type="checkbox"/> Committed to a Public Mental Health Facility <input type="checkbox"/> Juvenile </p> <p style="text-align: center;">Documentation must be submitted showing receipt of above-mentioned benefits dated within the past thirty (30) days</p> |

| IV. INCOME AND EMPLOYER | |
|---|-----------|
| 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 | Monthly Amount | Type of Expense | Monthly 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) | \$ |
| Sum of TOTAL EXPENSES | | | \$ |

| VII. DETERMINATION OF INDIGENCY |
|--|
| <p>If applicant's Total Income in Section IV is equal to or less than 187.5% of the Federal Poverty Guidelines, and if the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets listed in Section V, or if Applicant is presumptively eligible, the filing fee will be waived. The Court has discretion to grant the waiver when Applicant's expenses are greater than income and assets.</p> |

VIII. APPLICANT CERTIFICATION

Now comes Applicant, _____, (*insert name*) and states the following:

1. I am financially unable to pay the court fees/costs associated with my pleading without substantial hardship.
2. I understand that I must inform the Juvenile Clerk's Office if my financial situation should change before the disposition of the case for which this application is being submitted.
3. I understand that if it is determined by the court that a waiver of court fees/costs should not have been permitted, that I will be required to pay the court fees/costs.
4. I understand that if it is determined that false information was provided on this form, I may be subject to criminal charges for providing false financial information in connection with this Motion for Waiver of Filing Fees/Costs pursuant to Ohio Revised Code section 2921.13.
5. I hereby certify that the information I have provided on this **Motion for Waiver of Filing Fees/Costs and Affidavit of Indigency** is true to the best of my knowledge.

Signature

Date

IX. JUDICIAL REVIEW

Section IV - Total Income: \$ _____ Applicant Household Size: \$ _____

Section V - Liquid Assets: \$ _____ Section VI - Monthly Expenses: \$ _____

**Ohio Public Defender
2019 Indigent Client Eligibility Guidelines
All figures based on gross income**

| Household Size | Annual Income | Monthly Income | Bi-Weekly Income | Weekly Income |
|------------------------|---------------|----------------|------------------|---------------|
| 1 | \$ 23,419.00 | \$ 1,952.00 | \$ 901.00 | \$ 450.00 |
| 2 | \$ 31,706.00 | \$ 2,642.00 | \$ 1,219.00 | \$ 640.00 |
| 3 | \$ 39,994.00 | \$ 3,333.00 | \$ 1,538.00 | \$ 769.00 |
| 4 | \$ 48,281.00 | \$ 4,023.00 | \$ 1,857.00 | \$ 928.00 |
| 5 | \$ 56,569.00 | \$ 4,714.00 | \$ 2,176.00 | \$ 1,088.00 |
| 6 | \$ 64,856.00 | \$ 5,405.00 | \$ 2,494.00 | \$ 1,247.00 |
| 7 | \$ 73,144.00 | \$ 6,095.00 | \$ 2,813.00 | \$ 1,407.00 |
| 8 | \$ 81,431.00 | \$ 6,786.00 | \$ 3,132.00 | \$ 1,566.00 |
| Each Additional | \$ 8,288.00 | \$ 691.00 | \$ 319.00 | \$ 159.00 |

- Applicant's Total Income is equal to or less than 187.5% of the Federal Poverty Guidelines, and Applicant's monthly expenses are equal to or in excess of the Applicant's liquid assets listed in Section V, and/or Applicant is presumptively eligible in line with Section III, thus, **the filing fee associated with this pleading is waived. Applicant's Motion for Waiver of Filing Fees/Costs is granted.**
- Applicant's Total Income is more than 187.5% of the Federal Poverty Guidelines, and/or Applicant's monthly expenses are less than the Applicant's liquid assets listed in Section V, therefore, **the filing fee associated with this pleading must be paid. The clerk will retain the filing of the action or proceeding. Applicant's Motion for Waiver of Filing Fees/Costs is denied. Applicant is granted 30 days to pay the court fees/costs. Failure to pay the required fees/costs within thirty (30) days will result in the automatic dismissal of the pleading.**

Lucas County Juvenile Clerk's Office

1801 Spielbusch Avenue, Toledo, OH 43604

(419) 213-6744

www.co.lucas.oh.us/juvenile

Hours: Monday - Friday

8:00 am to 4:30 pm

(excluding legal holidays)

**DO NOT SIGN YOUR PAPERWORK BEFORE PRESENTING IT TO THE
JUVENILE CLERK'S OFFICE**

Document(s) Needed:

- Filing Fee of \$_____** - \$25.00 if under income. You MUST provide verification of income for the last 30 days for EVERY ADULT LIVING IN THE HOUSEHOLD. [Proof of income may consist of: check stubs; JFS Benefits Statement; Social Security Statement (if receiving assistance); Zero Income Statement from One Government Center, Toledo, OH on the 18th Floor (ID Required)]
- CSEA Administrative Order of Child Support (Paternity)** - Available from LCCSEA, 701 Adams Street, Toledo, OH 43604, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Account Summary (Arrearage Statement)** - Available from LCCSEA, 701 Adams Street, Toledo, OH 43604, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Paternity Affidavit (1-888-810-6446)**

- OR -

Birth Certificate – a written request for birth certificate must include: Child's full name; DOB; the names of both parents; and the Registry Number. [Registry Number is also called Mail Stamp Number, PEP ID Number and CPR Number. Numbers contain up to 6 digits and can be obtained by calling the Central Paternity Registry at 1-888-810-6446.]

You will need a \$7.00 check or money order made payable to the Treasurer, State of Ohio

Send written request and payment to:

Ohio Department of Health, Vital Statistics

P.O. Box 15098

Columbus, OH 43215

FREE CLINIC

The free clinic starts at **10:45 am** on the **1st** and **3rd** **Thursday** of every month
(excluding legal holidays).

THERE WILL BE NO ADMITTANCE INTO THE CLINIC AFTER 11:15 AM.

The clinic is run by local attorneys who will help you fill out any court forms.

Please check in at the 1st Floor Information Desk.

You will be directed to the area where the clinic will be held.