

IN THE FRANKLIN COUNTY MUNICIPAL COURT

_____,
Plaintiff,
v. _____
Defendant.

Case No. _____

FINANCIAL DISCLOSURE AFFIDAVIT OF INDIGENCY

**** CIVIL CASES AND SEALING OF RECORD APPLICATIONS ONLY**

PERSONAL INFORMATION

Name/Applicant		D.O.B.	
Mailing Address	City	State	ZIP
Phone ()	Message Phone (within 48 hours) ()		

OTHER PERSONS LIVING IN HOUSEHOLD

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

MONTHLY INCOME/EMPLOYMENT INFORMATION

<input type="checkbox"/> Ohio Works First/TANF	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Medicaid	<input type="checkbox"/> SNAP (food stamps)
<input type="checkbox"/> Poverty Related Veterans' Benefits	<input type="checkbox"/> Refugee Settlement Benefits	<input type="checkbox"/> Other (describe)		
Source of Income	Self	Spouse/Household Members	Total	
Employment	\$	\$	\$	
Unemployment	\$	\$	\$	
Worker's Compensation	\$	\$	\$	
Pension	\$	\$	\$	
Social Security	\$	\$	\$	
Spousal Support/Child Support	\$	\$	\$	
Other (describe)	\$	\$	\$	
TOTAL	\$	\$	\$	

ASSETS

Type of Asset	Description	Estimated Value
Checking, Savings, Credit Union, Money Market Account(s), Cash on Hand		\$
Stocks, Bonds, CDs		\$
Real Estate/Home		\$
Car(s), Truck(s)		\$
Boats, Motorcycles, Other Valuable Property		\$
	TOTAL	\$

MONTHLY EXPENSES/LIABILITIES

Expense/Liability	Amount	Expense/Liability	Amount
Child support paid	\$	Cable	\$
Child care (only if working)	\$	Transportation/Fuel	\$
Insurance (medical, dental, auto, life, etc.)	\$	Taxes withheld or owed	\$
Medical/Dental expenses or associated costs of caring for infirm family member	\$	Credit Card/Loans	\$
Rent/Mortgage	\$	Utilities (gas, electric, trash, water/sewer)	\$
Food	\$	Other (describe)	\$
Telephone	\$		\$
TOTAL	\$	TOTAL	\$

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

AFFIDAVIT OF INDIGENCY

OATH

(Do not sign until notary is present.)

I, _____, certify that I am a party in this case; this case is to be filed in the Franklin County Municipal Court; and that I do not have sufficient funds to pay the fees and costs required to pursue a civil action in this Court. I understand that if the Court determines that I am not entitled to this waiver of costs, I will be required to pay the costs and fees associated with this case.

I further understand that if the Clerk's office receives any funds to satisfy any judgment in my favor, the Clerk will deduct from those funds the amount of any court costs or fees not paid because of this waiver.

I understand that I am subject to criminal charges if I provide false financial information.

I certify that the information above is true to the best of my knowledge.

Your Signature

Sworn to before me and signed in my presence this _____ day of _____, 20_____

Deputy Clerk Notary Public

My Commission Expires: _____

Based upon the plaintiff's affidavit of indigency, I hereby waive the advance payment of filing fees and costs associated with pursuing a civil action in this Court. This case is approved for filing.

Approved for Filing: _____

JUDGE