FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION			
Name/Applicant	Party Represented (*if applicant, enter "same"*)		D.O.B.
Mailing Address	City	State	Zip
Case No.			

II. OTHER PERSONS LIVING IN HOUSEHOLD					
Name 1)	D.O.B.	Relationship	Name 3)	D.O.B.	Relationship
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION				
Type of Income	Applicant	Spouse	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension/Social Security				
Child Support				
Works First/ TANF				
Disability				
Other				
Employer's Name (for all household members)			**A. TOTAL INCOME**	**$**
Employer's Address				Phone

IV. ALLOWABLE EXPENSES		V. TOTAL INCOME	
Type of Expense	Amount	Total Income – Allowable Expenses = Adjusted Total Income	
Child Support Paid Out			
Child Care (if working only)			
Transportation for Work			
Insurance			
Medical/Dental		**A. TOTAL INCOME**	$
Medical & Associated Costs of Caring for Infirm Family Members		**- B. EXPENSES**	$
B. EXPENSES	**$**	**C. ADJUSTED TOTAL INCOME**	$

VI. ASSET INFORMATION		
Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:$ Date Purchased: Amt. Owed:$	
Stocks / Bonds /CD's		
Automobiles		
Truck / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank / Acct.#)		
Savings/MM Acct. (Bank / Acct.#)		
	D. TOTAL ASSETS	**$**

VII. MONTHLY LIABILITIES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		
Rent / Mortgage			
Food		C. ADJ. TOTAL INCOME	
Electric			
Gas			
Fuel			
Telephone		D. TOTAL ASSETS	
Cable			
Water / Sewer / Trash			
Credit Cards		E. LIABILITIES & OTHER	
Loans			
Taxes Owed			
Other			
E. LIABILITIES & OTHER EXPENSES			

IX. AFFIDAVIT OF INDIGENCY

I, _____ (affiant) being duly sworn, say:

1. I am financially unable to pay court costs 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 waiver of costs is being requested.
3. I understand that if it is determined by the county, or by the Court, that court costs should not have been waived, I may be required to reimburse the county for the costs of filing this action.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for waiving court costs pursuant to Ohio Revised Code Section 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.

_____
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 _____ and State of _____.

_____ _____
Signature of person administering oath Title