IN THE COURT OF COMMON PLEAS, ASHLAND COUNTY, OHIO
JUVENILE COURT

_____,	:	Case No. _____
Plaintiff,	:	SETS No. _____
vs.	:	
_____,	:	
Defendant.	:	**Request for Waiver of Filing Fee Deposit**

Now comes _____ and moves this Court for a finding of indigency for purposes of filing a _____ without the deposit required pursuant to Local Rule 4. I have attached a Financial Affidavit in support of my request.

The reason I am unable to prepay the costs of this action are: _____
_____
_____
_____.

Signature: _____
Name: _____

ORDER

After considering the foregoing Request, it is ORDERED that: _____
_____.

It is SO ORDERED.

_____
Judge / Magistrate

FINANCIAL DISCLOSURE FORM
for Request to Waive Filing Fee

I. PERSONAL INFORMATION

Applicant's Legal Name	Applicant's Preferred Name and Pronoun	Date of Birth

Mailing Address	City	Email Address

State	Zip Code	Case No.	Phone	Cell Phone

SSN Last 4	Gender	Race (double-click to de-select)
		☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ Spanish or Latino ☐ White ☐ Other

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	DOB	Relationship	Name	DOB	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an "X" if:

Ohio Works First/TANF: ____ SSI: ____ SSD: ____ Medicaid: ____ Poverty Related Veteran's Benefits: ____ Food Stamps: ____

Refugee Settlement Benefits: ____ Incarcerated in State Penitentiary: ____ Committed to a Public Mental Health Facility: ____

Other (please describe): _____ Juvenile: ____ *(If juvenile, please continue at Section VIII)*

IV. INCOME AND EMPLOYER

	Applicant	Spouse (Do not include spouse's income if spouse is alleged victim)	Total Income
Gross Monthly Employment Income	$	$	$ 0.00
Unemployment, Worker's Compensation, Child Support, Other Typers of Income	$	$	$ 0.00
		TOTAL INCOME	$ 0.00

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	$ 0.00

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/Owed	$
Mental/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)	$
		TOTAL EXPENSES	$ **0.00**

*****ATTACH DOCUMENTATION OF TOTAL INCOME TO THIS FORM - FAILURE TO ATTACH MAY RESULT IN DENIAL OF YOUR REQUEST*****

I hereby certify that the information I have provided above is complete and true to the best of my knowledge and that I am unable to prepay the filing fee required in this case.

_____
Signature