

**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 is:

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) | | | |
| | | <input type="checkbox"/> American Indian or Alaskan 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 | | | |
| Name | | DOB | Relationship | Name | |
| 1) | | | | 3) | |
| 2) | | | | 4) | |
| 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) | | | | | |
| | | Applicant | Spouse (Do not include spouse's income if spouse is alleged victim) | | 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: _____ | | | | | |
| Type of Asset | | | Estimated Value | | |
| Checking, Savings, Money Market Accounts | | | \$ | | |
| Stocks, Bonds, CDs | | | \$ | | |
| Other Liquid Assets or Cash on Hand | | | \$ | | |
| TOTAL LIQUID ASSETS | | | \$ | | |
| 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 | | | | | \$ |

*** ATTACH DOCUMENTATION OF YOUR INCOME - FAILURE TO DO SO MAY RESULT IN A DENIAL OF WAIVER**

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