In the Court of Common Pleas
Guernsey County, Ohio
General Division

_____ Case No.: _____

Plaintiff/Petitioner 1

Judge/Magistrate: _____

vs.

_____

Defendant/Petitioner 2

APPLICATION FOR WAIVER OF DEPOSIT

I,_____, being first duly sworn and cautioned, depose and state as follows:

1. I am a party in the above-captioned case.
2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.
3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.
4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

_____

Affiant *(Sign in front of Notary)*

STATE OF OHIO, COUNTY OF_____, SS:

Sworn to before me and signed in my presence this _____ day of_____, 20___.

_____

Notary Public

In the Court of Common Pleas
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_____

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FINANCIAL DISCLOSURE AND FEE-WAIVER AFFIDAVIT

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information

Applicant's First Name | Applicant's Last Name

Applicant's Date of Birth | Last 4 Digits of Applicant's SSN

Applicant's Address

Other Persons Living in your Household

First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Public Benefits

I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.

Place an "X" next to any benefits you receive.

Ohio Works First: _____ SSI: _____ Medicaid: _____ Veterans Pension Benefit: _____ SNAP/Food Stamps: _____

Monthly Income

I am NOT able to access my spouse's income ☐

	Applicant	Spouse (IF Living in Household)	Total Monthly Income
Gross Monthly Employment Income, Including Self-Employment Income (Before Taxes)	$_____	$_____	$_____
Unemployment, Workers Compensation, Spousal Support (if receiving)	$_____	$_____	$_____
		TOTAL MONTHLY INCOME	$_____

Liquid Assets

Type of Asset	Estimated Value
Cash on Hand	$_____
Available Cash in Checking, Savings, Money Market Accounts	$_____
Stocks, Bonds, CDs	$_____
Other Liquid Assets	$_____
TOTAL LIQUID ASSETS	$_____

Monthly Expenses

Column A		Column B	
Type of Expense	**Amount**	**Type of Expense**	**Amount**
Rent, Mortgage, Property Tax, Insurance	**$**	Insurance (Medical, Dental, Auto, etc.)	**$**
Food, Paper Products, Cleaning Products, Toiletries	**$**	Child Support or Spousal Support that you Pay	**$**
Utilities (Heat, Gas, Electric, Water/Sewer, Trash)	**$**	Medical/Dental Expenses or associated costs of caring for a Sick or Disabled Family Member	**$**
Transportation/Gas	**$**	Credit Card, Other Loans	**$**
Phone	**$**	Taxes Withheld or Owed	**$**
Child Care	**$**	Other (e.g. garnishments)	**$**
Total Column A Expenses	**$**	**Total Column B Expenses**	**$**

TOTAL MONTHLY EXPENSES (Column A + Column B) $_____

I,_____ ***(Print Name)***, hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

_____
Signature

STATE OF OHIO, COUNTY OF_____, **SS:**

Sworn to before me and signed in my presence this _____ day of_____, 20___.

_____
Notary Public

In the Court of Common Pleas
Guernsey County, Ohio
General Division

_____ Case No. _____

Plaintiff/Petitioner 1

vs. **JUDGMENT ENTRY: DEPOSIT WAIVER**

_____

Defendant/Petitioner 2

☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED.

_____

Judge / Magistrate

[Effective: April 15, 2020]