

IN THE COURT OF COMMON PLEAS

_____ COUNTY, OHIO

(#1 - Your county name here)

Case No. _____

Plaintiff

vs.

Defendant

AFFIDAVIT OF INABILITY TO
PREPAY OR GIVE SECURITY
FOR COSTS

(Sec. 2323.31 Revised Code)

STATE OF OHIO

_____ COUNTY, SS:

I, the undersigned, a party in the above captioned case, being first duly sworn, represent to the Court that I am unable either to prepay or give security for costs in this action and request the Clerk to accept the attached pleading herein without prepaying or giving security for costs as provided by Sec. 2323.31 of the Revised Code.

In support of this request, I submit answers to the following questions:

1. What is your age? _____ years old.
2. Do you have any children? _____, If so, give names and ages:

3. What is your occupation or business? _____
4. Are you employed? _____. If so, give name and address of your employer:

5. What did you earn during the past year? \$ _____

6. What are your parents' names and ages? _____

7. Do you own any real estate? _____. If so, give its value \$ _____
 Is it mortgaged? _____. If so, give the amount of mortgage \$ _____
8. Do you own an automobile? _____. If so, what is the value \$ _____
9. What other items of personal property do you own? _____

What debts are against it? _____

10. Have you made an advance payment to your attorney for his services in this case? _____
 If so, how much \$ _____ Who paid it? _____
11. Do you have any securities or bank accounts? _____. If so, give its value: \$ _____
12. Are you receiving public assistance? _____. If so, what kind? _____
 How much \$ _____

 (Your signature - SIGN IN FRONT OF NOTARY)

STATE OF OHIO

_____ COUNTY, SS:

Before me, a notary public, in and for said county and state, personally appeared _____
 _____ who being first duly cautioned and sworn, says that the facts in the foregoing
 affidavit are true.

 NOTARY PUBLIC

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION

Name		Case No.		D.O.B.	
Mailing Address	City	State	Zip	Phone ()	
Residence (if different from above)				Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 3)	Age	Relationship
2)			4)		

III. MONTHLY INCOME / EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Member	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)				SUBTOTAL A
				\$
Address				Phone ()

IV. ALLOWABLE EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Infirm Family Members	
SUBTOTAL B	\$

Total Monthly Income – Total Allowable Expenses = Total Income

SUBTOTAL A	\$
SUBTOTAL B	\$
GRAND TOTAL C	\$

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price: \$ Date Purchased: Equity:	
Stock / Bonds / CD's		
Automobiles		
Trucks / Boats/ Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct.(Bank/Acct#)		
Savings Acct. (Bank/Acct#)		
Credit Union (Name/Acct#)		

GRAND TOTAL D \$

