

WARNING

**IF YOU GIVE FALSE INFORMATION ON THIS FORM, YOU ARE COMMITTING A CRIME,
PUNISHABLE BY UP TO 180 DAYS IN JAIL AND/OR A \$1000.00 FINE.**

WARNING TO DEFENDANT
READ CAREFULLY

If you have told the court that you are having money problems and cannot pay the money you owe to get out of jail, to pay your fines, or to hire a lawyer, you must complete this form. Fill it out carefully and completely. Then sign your name at the end.

By signing this report, you promise and certify that the information you provide on this form about your income is true and correct. You must answer every question and fill in all the blanks accurately and truthfully!!! ***Putting false information in this report is a crime, punishable by up to 180 days in jail, a fine of up to \$1,000.00, or both!*** Ohio Revised Code § 1931.13.

This form will be reviewed for errors and discrepancies. ***If you spend more than your income, you will be asked to explain the difference. If the court discovers that you provided false or misleading information, you may be charged*** with the crime of providing false information.

By signing this report, you acknowledge and understand that the judge, probation officers, clerks, and other court officials will rely on your information in the performance of their official functions.

If you have any questions with regard to the questions on this report, please ask a probation officer or bailiff.

**SHAKER HEIGHTS MUNICIPAL COURT
PRISONER INFORMATION FORM**

I. General Information

Name: _____

Date of Birth: _____ Age: _____ SS# (last four only): XXX-XX-_____

Mailing address: _____

Email: _____

IMPORTANT All future correspondence from this Court will be sent to this email

Phone: () _____

How long have you lived at this address? _____

Do you stay at this address? Yes () No () If no, list address where you stay now: _____

_____ Phone # at this address _____

I [am] [am not] married. Number of children: _____

How many people live/stay with you? _____ LIST THEIR NAMES BELOW:

1. _____	Relation _____	Age _____	Employed? _____	Yes () No ()
2. _____	Relation _____	Age _____	Employed? _____	Yes () No ()
3. _____	Relation _____	Age _____	Employed? _____	Yes () No ()
4. _____	Relation _____	Age _____	Employed? _____	Yes () No ()

Number of people you pay for or support (Including yourself): _____

Are you under an order to pay child support or support to your wife? Yes () No ()

II. Employment Information

Are you employed? Yes () No () Are you self-employed? Yes () No ()

Name of the company where you work: _____

Job address: _____

Phone number where you can be reached at work: _____

How many hours per week do you work? _____

Shift hours _____ Position _____ Length of time at this job _____

I am paid (Circle One): [by the day] [by the week] [every two weeks] [once a month]
[twice a month] [by the job]

Amount of take home pay per pay date: _____

If you are out of work now, where was your last job? _____

Why did you leave that job? _____

Does your spouse work? Yes () No () If yes, complete the following:

Place of work _____ Phone _____

Position _____ Length of time at this job _____

III. Income Information

EVERY MONTH, I receive the following amounts of money:

Employment Income (take home pay) _____
Spouse's Income (take home pay) _____
Money from anyone else (parent, fiancé, etc.) _____
Child support received _____
Alimony received _____
Social Security _____
S.S.I. _____
Unemployment _____
Welfare _____
Food Stamps _____
Pension _____
Worker's Compensation _____
Disability _____
Other (Describe) _____
Total monthly money received: \$ _____

IV. Expense Information

EVERY MONTH, I spend the following amounts of money:

Rent/Mortgage _____
Food _____
Clothing _____
Electric _____
Gas/Heating Oil _____
Telephone (cell phone and/or land line) _____
Cable _____
Water/Sewer (per month) _____
Car Payments _____
Other Loan Repayments _____
Credit Card Payments _____
Charge Card Payments _____
Taxes _____
Child Support Payments _____
Alimony _____
Healthcare (insurance and medical bills) _____
Insurance of Car _____
Other Insurance Payments _____
Other (Jewelry, Boat, etc: Please Describe) _____
Total Month Money Spent: \$ _____

If you have no income, how are you buying food and paying bills? Is your family helping you? Please explain:

V. Assets/Property Owned

Cash on Hand when arrested _____
Cash Available to You _____
Checking Account Balance _____
Savings Account Balance _____
Do you own (by yourself or with others) a residence? Yes () No ()
 Estimated Value of Residence \$ _____
Stocks/Bonds/CD's _____
Do you own a car? Yes () No () How much do you owe on the car? \$ _____
 If yes, list year, make and model _____
 Estimated Car Value \$ _____
Other Assets (describe) _____

Total Value of Assets: \$ _____

Court Case Information

Are you in jail for contempt of court? Yes () No ()
Do you have a case you failed to appear on Yes () No ()
 If yes, why didn't you appear? _____

Were you on a payment Plan? Yes () No () Did you get behind in payments? Yes () No ()
 If yes, why did you not pay? _____

Were you doing community service? Yes () No ()
 If yes, did you fail to complete your service? Yes () No ()
 If yes, why did you fail to complete your community service? _____

Why are you in trouble with the court (in contempt) now? _____

Why haven't you made bond? _____

How much can you pay today toward your court case if money is due? _____

If your friends/family are trying to make your bond, when are they trying to come to court to post the money for you? _____
Do you have health problems that would prevent you from doing community service? If so, describe _____

Is there anything else that you want to tell the Judge or think that the Judge should know? _____

VI. Affidavit and Notification

Please read and sign the following:

I, (print name) _____ certify that the information I have provided on this Prisoner Information form is true and correct. I understand that I am subject to criminal charges for giving false financial information, for which the court may impose a sentence of up to **180 days in jail** and/or a fine of up to **\$1,000.00**. I understand that this form will be used by the probation department, as well as the court in the performance of their official functions. I understand that I may speak with a jailer or probation officer if I have any questions about the content of this form.

Affiant's Signature: _____ **Date:** _____

[STOP]

To be completed by Screening Agent/Witness:

I certify that the above named affiant voluntarily signed this Prisoner Information form, and that I answered any questions the affiant had regarding the Prisoner Information form, or, in the event that I did not know the answer, directed the affiant's question to the appropriate personnel.

Signature: _____ **Date:** _____

IN THE SHAKER HEIGHTS MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO

STATE OF OHIO)
CITY OF _____)
vs.)
)
Defendant)
)
)
)
)
)

Case No. _____
Judge Anne Walton Keller
Motion for _____

Now comes _____, who hereby respectfully requests this Court
to: _____

This request is made for the following reason(s): _____

Respectfully submitted,

Signature: _____
Name: _____, *Pro Se*
Address: _____

Cell Phone () _____
Home Phone () _____
Email: _____

IMPORTANT All future correspondence from this Court will be sent to this email

CERTIFICATE OF SERVICE

I hereby certify that on _____ a copy of the foregoing motion for was
mailed to the Prosecutor for the City of Shaker Heights/Beachwood/Hunting Valley/Pepper
Pike/University Heights (circle one) at the following address (see backside for a list of
addresses): _____
by regular U.S. mail, postage prepaid.

_____, *Pro Se*