

**IN THE SHAKER HEIGHTS MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO**

)	CASE NO.
)	
Plaintiff,)	JUDGE
)	
vs.)	
)	
)	<u>FINANCIAL DISCLOSURE / FEE-</u>
)	<u>WAIVER AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>

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)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's 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
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)
Food / Paper Products/Cleaning Products/Toiletries	\$	Child 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, _____, hereby certify that the information I have provided on
 (Print Name)
 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

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

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires: _____

 If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant

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vs.)	JUDGE _____
)	
)	
Defendant.)	
)	

ORDER

- 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

Date