

**POVERTY AFFIDAVIT  
FINANCIAL DISCLOSURE  
CASE # \_\_\_\_\_**

PERSONAL INFORMATION			
NAME		DOB	
MAILING ADDRESS		PHONE	
CITY		STATE	ZIP

OTHER PERSONS LIVING IN HOUSEHOLD					
NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

MONTHLY INCOME/EMPLOYMENT INFORMATION				
TYPE OF INCOME	APPLICANT	SPOUSE	OTHER HOUSEHOLD MEMBERS	TOTAL
EMPLOYMENT (GROSS)				
UNEMPLOYMENT				
WORKER'S COMP				
PENSION				
SOCIAL SECURITY				
CHILD SUPPORT				
DISABILITY				
OTHER				

EMPLOYER'S NAME	<b>A. TOTAL INCOME</b>	\$
EMPLOYER'S ADDRESS		PHONE

ALLOWABLE EXPENSES		TOTAL INCOME	
TYPE OF EXPENSE	AMOUNT	TOTAL INCOME - ALLOWABLE EXPENSES = TOTAL INCOME	
CHILD SUPPORT PAID OUT		<b>A. TOTAL INCOME</b>	\$
CHILD CARE (ONLY IF WORKING)		<b>B. EXPENSES</b>	-\$
TRANSPORTATION FOR WORK		<b>C. ADJUSTED TOTAL INCOME</b>	\$
INSURANCE			
MEDICAL/DENTAL			
MEDICAL/ASSOCIATED COSTS TO CARE FOR INFIRM FAMILY			
<b>B. EXPENSES</b>	\$		

ASSET INFORMATION				
TYPE OF ASSET	DESCRIBE/LENGTH OF OWNERSHIP/MAKE, MODEL, YEAR (WHERE APPLICABLE)			ESTIMATED VALUE
	PRICE	DATE PURCHASED	AMOUNT OWED	
REAL ESTATE/HOME				
STOCKS/BONDS/CD'S				
AUTOMOBILES				
TRUCKS/BOATS/MOTORCYCLES				
OTHER VALUABLE PROPERTY				

**ASSET INFORMATION (CONTINUED)**

TYPE OF ASSET	DESCRIBE/LENGTH OF OWNERSHIP/MAKE, MODEL, YEAR (WHERE APPLICABLE)			ESTIMATED VALUE
	PRICE	DATE PURCHASED	AMOUNT OWED	
CASH ON-HAND				
OTHER				
CHECKING	BANK/ACCOUNT #			
SAVINGS	BANK/ACCOUNT #			
				<b>D. TOTAL ASSETS</b> \$

LIABILITIES/OTHER EXPENSES		GRAND TOTALS	
TYPE OF LIABILITY	AMOUNT	TYPE OF LIABILITY	AMOUNT
RENT/MORTGAGE		CREDIT CARDS	
FOOD		LOANS	
ELECTRIC		TAXES OWED	
GAS		OTHER	
AUTO FUEL		<b>E. LIABILITIES/OTHER EXPENSES</b>	
PHONE		<b>C. ADJUSTED TOTAL INCOME</b>	
CABLE		<b>D. TOTAL ASSETS</b>	
WATER/SEWER/TRASH		<b>E. LIABILITIES/OTHER EXPENSES</b>	

I, \_\_\_\_\_ (AFFIANT), being duly sworn, say:

- I, being duly sworn, hereby state that I am without funds and am unable to pay filing fees in this case. I have no assets that I could use to pay filing fees and I ask this court to waive the filing fees required in this case.
- I also acknowledge that I may be required by this court to present evidence of income or assets at any time during the pendency of this case. Such evidence may include income tax returns. I further acknowledge that I may be required to pay the amount of a waived filing fee should I fail to present such evidence, or if such evidence indicates that a waiver of filing fees was not warranted.
- I ALSO ACKNOWLEDGE THAT I UNDERSTAND THAT MAKING A FALSE STATEMENT ABOUT INCOME OR ASSETS TO OBTAIN A WAIVER OF FILING FEES IS A FIRST DEGREE MISDEMEANOR VIOLATION OF SECTION 2921.13 OF THE OHIO REVISED CODE AND CARRIES A MAXIMUM PENALTY OF SIX MONTHS IN JAIL AND A FINE OF \$1,000.00.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

On \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ and acknowledged that he/she has executed this Poverty Affidavit for the purposes stated above.

\_\_\_\_\_  
NOTARY

**JUDGE CERTIFICATION**

I HAVE DETERMINED THAT THE APPLICANT MEETS THE CRITERIA FOR A POVERTY AFFIDAVIT.

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
DATE