

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CUYAHOGA COUNTY, OHIO**

_____ : Case Number _____
 Plaintiff :
 :
 :
 v. : AFFIDAVIT OF INDIGENCE
 : FOR DEFERRAL OF COURT COSTS
 :
 _____ :
 Defendant :

Name/Applicant: _____

I am receiving public assistance
 on disability
 collecting a pension
 not employed
 employed (including self-employment)

Last day worked _____
 Place of Employment _____
 Date of hire _____
 Full time Part time
 Pay period Weekly Bi-weekly Monthly Other _____

Total Gross Income from All Sources in last 26 weeks _____

OTHER PERSONS LIVING IN HOUSEHOLD

Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

MONTHLY INCOME

GROSS INCOME (Before taxes)	APPLICANT	SPOUSE	HOUSEHOLD MEMBERS	TOTAL
Employment	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Workers' Comp	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Disability <input type="checkbox"/> SSI	\$	\$	\$	\$
WorksFirst/TANF	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

ASSETS

TYPE OF ASSET	VALUE
Cash on Hand or on Deposit (Banks, credit unions, savings and loans, etc.)	\$
Stocks/Bonds	\$
Real Estate Mortgage balance \$ _____	\$
Motor Vehicles Make/Model/Year Amount owed \$ _____	\$
Other property (Describe)	\$
TOTAL	\$

OATH/AFFIRMATION

I, (print name) _____, hereby swear or affirm that:

- 1. I am a party in the this case;
- 2. I am without the funds or assets to pay a deposit toward costs at this time;
- 3. I understand that I must tell the court if my financial situation changes before my case is over;
- 4. I understand that even though I do not pay a deposit today, I still will be required to pay for costs associated with this case later;
- 5. I understand that if the court decides that I was not entitled to delay payment of the deposit, I will be required to pay a deposit immediately;
- 6. I understand that at the end of the case, the court will decide which party must pay the costs in this case;
- 7. I understand that I could be found in contempt and/or charged criminally with perjury for providing false information.

This affidavit is made in accordance with R.C. 2323.31. I hereby certify that I have not withheld any income or asset information, and the information I have provided on this form is true to the best of my knowledge.

Affiant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

ATTORNEY CERTIFICATION (required if Affiant is represented by counsel)

I, _____, Attorney at Law, certify that based on my inquiry and the information available to me, that the foregoing information is true.

I further certify that I am am not being paid for my services in this case.

I further understand that I am under a continuing obligation to advise the Court of any change in the information set forth above.

Signature