

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS

DOB: _____
Plaintiff/Petitioner

CASE NO. _____
JUDGE HURLEY

v.

DOB: _____
Defendant/Petitioner

POVERTY AFFIDAVIT
[R.C. 2323.30, 2323.31
and D.R. Rule 1.04]

.....
I, _____, being duly sworn, says:

1. I am a party in the foregoing action;
2. I am without the funds or assets to give security or a cash deposit to secure costs at this time;
3. I understand that I must inform the Court if my financial situation should change before the disposition of my case;
4. I understand that I am subject to criminal charges for providing false information;
5. I understand that if it is determined by the Court, that I was not entitled to the suspended deposit/cost that were provided to me, I may be required to reimburse the county for the costs.
6. I understand that the Court will ultimately determine which party will be responsible for the payment of costs in this case, unless costs are waived.

signature

Sworn before me and subscribed in my presence this ____ day of _____, _____.

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 statements are true.

I further certify that I am/not being paid by the affiant for the services in the above- mentioned case in the amount of \$_____.

I further understand that I am under a continuing obligation to advise the Court of any change in the financial status of my client.

Signature of Attorney

address

address

phone number

Supreme Court Number

IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS

PLAINTIFF/PETITIONER (1)

Address:

DOB:

-vs- / -and-

CASE NO.

SETS NO.

JUDGE: HURLEY

AFFIDAVIT OF FINANCIAL DISCLOSURE

DEFENDANT/PETITIONER (2)

Address:

DOB:

STATE OF OHIO, SS:

Now comes [blank], affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of support when applicable.

I. TEMPORARY ORDERS/OTHER ACTIVE CASES:

- I do not request a temporary order.
I request a temporary order for [blank] custody, [blank] child support, and/or [blank] spousal support.
A Domestic Violence Order under Case No. [blank] currently is in effect.
A Juvenile Court Case or Administrative Order, under Case No. or [blank] SETS No. [blank] currently is in effect.
A Bankruptcy action under Case No. [blank] was filed [blank]

DATE OF SEPARATION (NEW CASES)

II. MINOR AND/OR DEPENDENT CHILDREN ONLY OF THIS MARRIAGE:

DOB [blank] Residing with [blank]
DOB [blank] Residing with [blank]
DOB [blank] Residing with [blank]
DOB [blank] Residing with [blank]

EMPLOYMENT OR SCHOOL RELATED CHILD CARE EXPENSES FOR THESE CHILDREN: \$ _____ PER YEAR

III. TOTAL INCOME FROM ALL SOURCES, (A, plus B, plus Average of C)

PLAINTIFF \$ _____ DEFENDANT \$ _____

A. GROSS YEARLY INCOME FROM EMPLOYMENT

PLAINTIFF / PETITIONER (1)

DEFENDANT/PETITIONER (2)

YES NO Employed? YES NO

\$ _____ (Actual or Estimate) **Base Yearly Wages** (Actual or Estimate) \$ \$ _____
or Gross Receipts if Self-Employed

_____ Employer _____

_____ Payroll Address _____

_____ City, State, Zip _____

B. OTHER YEARLY INCOME (Please list all sources of other income in Section E.)

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$ _____ Interest/Dividend Income \$ _____

\$ _____ Unemployment Compensation \$ _____

\$ _____ Workers' Compensation, Social Security
or Other Disability Benefits \$ _____

\$ _____ Social Security &
Pension Income \$ _____

\$ _____ Gross Self-Employment Income \$ _____

\$ _____ Ordinary & Necessary Business
Expenses \$ _____

C. OVERTIME, COMMISSION AND BONUSES EARNED: [Past Three Year History - Year 3 Is Most Recent Year]

Overtime, Commission, Bonuses

Overtime, Commission, Bonuses

20 ____ Year 1 \$ _____

20 ____ Year 1 \$ _____

20 ____ Year 2 \$ _____

20 ____ Year 2 \$ _____

20 ____ Year 3 \$ _____

20 ____ Year 3 \$ _____

D. OTHER INFORMATION CONCERNING CHILDREN NOT OF THIS MARRIAGE:

PLAINTIFF/PETITIONER (1)

DEFENDANT/PETITIONER (2)

\$ _____ per year Court Ordered Child Support Payable
for Other Child(ren)
Who Are Not of this Marriage \$ _____ per year

\$ _____ per year Court Ordered Spousal Support Payable
to a Spouse(s) \$ _____ per year

_____ Number of Other Minor Child(ren)
Living With You (**not children of this
marriage or step-children**)

\$ _____ per year Child Support You Receive for
the Minor Child(ren) You
Indicated on Line Above \$ _____ per year

E. OTHER ASSETS AND LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e., retirement/pension benefits, disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source	Identifying Description (Account No., Claim No., Etc.)	Income or Benefits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source	Value
_____	\$ _____

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement account ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Real Estate:

Address of Property	Name on Deed	Present Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your **present household**. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. **If you are living with your parents or someone is helping you with your living expenses, please identify that party _____ and the amount of support provided _____**

A. MONTHLY EXPENSES

1. Housing

- Rent or Mortgage (including taxes and insurance) \$ _____
- Utilities
- a. Gas & Electric (level billing or average per month) \$ _____
- b. Water & Sewer \$ _____
- c. Basic Telephone (excluding long distance) \$ _____
- d. Trash Collection: \$ _____
- Other: \$ _____

HOUSING TOTAL \$ (I)

2. Other

- Grocery (include food, laundry & cleaning products/toiletries etc) \$ _____
- Gasoline & Oil \$ _____
- Car Repairs \$ _____
- Insurance: (life/auto/renter's) \$ _____
- Medical (not covered by insurance) \$ _____
- Clothing \$ _____
- Internet \$ _____
- Other \$ _____

OTHER MONTHLY EXPENSES TOTAL \$ (II)

B. MONTHLY DEBT PAYMENTS

Do not list expenses previously listed in Section A (Monthly Expenses). Attach additional pages if needed.

<u>TO WHOM PAID</u> <small>(ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)</small>	<u>PURPOSE/SECURITY</u> <small>(IF CAR LOAN STATE MODEL & WHO DRIVES IT)</small>	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE DUE</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

MONTHLY: DEBT PAYMENTS TOTAL \$ (III)

GRAND TOTAL MONTHLY EXPENSES \$

V. HEALTH INSURANCE

GROUP HEALTH INSURANCE COVERAGE AVAILABLE FOR DEPENDENT CHILDREN (This section to be filled in **ONLY** when there are dependent children of the parties.)

PLAINTIFF / PETITIONER

DEFENDANT / PETITIONER

YES (1) NO Available through employment YES (2) NO
 YES NO Other Group Plan YES NO

Insurance Company Name
Address
Policy Number

Per year / month (individual) Employee Cost Per year / month (individual)
\$ Per year / month (family) (Indicate "0" if no cost to party) \$ Per year / month (family)

CHECK IF CHILDREN ARE CURRENTLY ENROLLED: FAMILY PLAN or INDIVIDUAL PLAN

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge or belief under penalty of law.

Attorney for Plaintiff/Defendant/Petitioner

Affiant Plaintiff/Petitioner (1)
Defendant/Petitioner (2)

Sworn to and subscribed in my presence this _____ day of _____, _____

Notary Public
My commission expires _____

**IN THE COMMON PLEAS COURT OF GREENE COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS**

Plaintiff/Petitioner

CASE NO. _____
JUDGE HURLEY

v.

POVERTY AFFIDAVIT APPROVAL

Defendant/Petitioner

The court hereby approves the filing of a Poverty Affidavit in lieu of the security deposit for court costs. Costs may be assessed at a later date by Court Order.

APPROVED.

JUDGE STEVEN HURLEY