

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

DOB: _____
Plaintiff/Petitioner 1

CASE NO. _____

JUDGE HURLEY

vs./and

DOB: _____
Defendant/Petitioner 2

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/costs 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-captioned 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

PLAINTIFF/PETITIONER 1'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

DEFENDANT/PETITIONER 2'S INCOME		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$ _____	
B. OTHER YEARLY INCOME		
Interest/Dividend Income	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Social Security or Other Disability Benefits	\$ _____	
Gross Self-Employment Income	\$ _____	
Ordinary & Necessary Business Expenses	\$ _____	
Retirement in Pay Status	\$ _____	
C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
TOTAL YEARLY INCOME FROM ALL SOURCES (A + B + Average of C)		\$ _____

OTHER ASSETS & LUMP SUM INCOME

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

Name & Address of Source:	Identifying Description:	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 (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
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, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE		
Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE		
	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a party is enrolled in a health insurance plan through a group or individual insurance plan:	
Name of Party Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
*If health insurance is provided, attach a copy of the front and back of the insurance card	

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, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

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.

- _____
 Signature of Affiant Plaintiff/Petitioner 1
 Signature of Affiant Defendant/Petitioner 2

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

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

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Plaintiff/Petitioner 1

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POVERTY AFFIDAVIT
APPROVAL

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 L. HURLEY

**IN THE COURT OF COMMON PLEAS OF GREENE COUNTY, OHIO
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Plaintiff/Petitioner 1

CASE NO. _____

JUDGE HURLEY

vs./and

Defendant/Petitioner 2

POVERTY AFFIDAVIT
ACKNOWLEDGEMENT

I, _____, hereby acknowledge that the Court may approve a waiver of the deposit for the filing fee upon the filing of a Poverty Affidavit on my behalf. I understand I may not be required to pay a full or partial deposit for the court costs and could be required to pay a partial deposit before my action is filed by the Clerk of Courts when the Court considers my application. I also understand that the court costs **will be** assessed at the conclusion of my case, and the Court may order me to pay all, or a portion, of these costs. I understand that the waiver of the deposit for the court costs does not mean these costs are waived.

(Signature of Requestor)

Printed Name: _____

Address 1: _____

Address 2: _____

Phone: _____