

POVERTY AFFIDAVIT

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

\_\_\_\_\_  
\_\_\_\_\_

CASE NO. \_\_\_\_\_  
JUDGE HURLEY

DOB: \_\_\_\_\_

PLAINTIFF

v.

\_\_\_\_\_  
\_\_\_\_\_

POVERTY AFFIDAVIT  
[R.C. 2323.30, 2323.31 and  
D.R. Rule 1.05]

DOB: \_\_\_\_\_

DEFENDANT

\*\*\*\*\*

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.

ATTORNEY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, ST, ZIP CODE \_\_\_\_\_  
PHONE/FAX NUMBER \_\_\_\_\_  
SUPREME COURT NUMBER \_\_\_\_\_

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

CASE NO. \_\_\_\_\_

PLAINTIFF/PETITIONER (1)

Address: \_\_\_\_\_

SETS NO. \_\_\_\_\_

JUDGE: HURLEY

DOB: \_\_\_\_\_

-vs- / -and-

AFFIDAVIT OF FINANCIAL DISCLOSURE

DEFENDANT/PETITIONER (2)

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

STATE OF OHIO, SS:

Now comes \_\_\_\_\_, 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 \_\_\_\_\_ custody, \_\_\_\_\_ child support, and/or \_\_\_\_\_ spousal support.
A Domestic Violence Order under Case No. \_\_\_\_\_ currently is in effect.
A UIFSA or Juvenile Court Case under Case No. \_\_\_\_\_ currently is in effect.
A Bankruptcy action under Case No. \_\_\_\_\_ was filed \_\_\_\_\_

DATE OF SEPARATION (NEW CASES) \_\_\_\_\_

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

\_\_\_\_\_, DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
\_\_\_\_\_, DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
\_\_\_\_\_, DOB: \_\_\_\_\_ Residing with \_\_\_\_\_
\_\_\_\_\_, DOB: \_\_\_\_\_ Residing with \_\_\_\_\_

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]

<b><u>Overtime, Commission, Bonuses</u></b>	<b><u>Overtime, Commission, Bonuses</u></b>
20____ Year 1 \$ _____	20____ Year 1 \$ _____
20____ Year 2 \$ _____	20____ Year 2 \$ _____
20____ Year 3 \$ _____	20____ Year 3 \$ _____

D. OTHER INFORMATION CONCERNING CHILDREN:

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 <b>(not children of this marriage or step-children)</b>	_____
\$ _____ 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. 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> (ALSO INDICATE NAME ACCOUNT IS IN OR JOINT ACCOUNT)	<u>PURPOSE/SECURITY</u> (IF CAR LOAN STATE MODEL & WHO DRIVES IT)	<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**

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

**DEFENDANT / PETITIONER**

YES (2)  NO .....  
 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. \_\_\_\_\_

v.

POVERTY AFFIDAVIT APPROVAL

\_\_\_\_\_  
Defendant/Petitioner

\_\_\_\_\_

The court hereby approves the filing of a Poverty Affidavit in lieu of a security deposit.

APPROVED.

\_\_\_\_\_  
JUDGE