## IN THE COURT OF COMMON PLEAS

	(#1 - Your county name	bere)
		·
		Case No.
	Plaintiff	
-	VS.	AFFIDAVIT OF INABILITY TO PREPAY OR GIVE SECURITY FOR COSTS (Sec. 2323.31 Revised Code)
	Defendant	(odd. 1323.31 Revised Code)
STA	TE OF OHIO	
	COUNTY, SS:	
Com acce 2323	I, the undersigned, a party in the above capt it that I am unable either to prepay or give secupt the attached pleading herein without prepayi 3.31 of the Revised Code.  In support of this request, I submit answers	ioned case, being first duly swom, represent to the urity for costs in this action and request the Clerk tag or giving security for costs as provided by Sec.
1.	What is your age? years o	
2.	Do you have any children?, If	
3.		
<b>i</b> ,	Are you employed? If so, give	name and address of your employer:
5.	What did you earn during the past year? \$	

	What are your parents' names and ages?					
	Do you own any real estate? If so, give its value \$					
	Is it mortgaged? If so, give the amount of mortgage \$					
	Do you own an automobile? If so, what is the value \$					
	What other items of personal property do you own?					
	What debts are against it?					
	Have you made an advance payment to your attorney for his services in this case?  If so, how much \$ Who paid it?					
	Do you have any securities or bank accounts? If so, give its value: \$					
	Are you receiving public assistance? If so, what kind?					
	How much \$					
	(Lone assume - 210th the skoul of MOLYKI)					
T	TE OF OHIO					
-	COUNTY, SS:					
	Before me, a notary public, in and for said county and state, personally appeared					
	who being first duly cautioned and swom, says that the facts in the foregoing vit are true.					
MS	SUPLEADING POV-AFF.CO NOTARY PUBLIC					

## FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

Name				I. FERSON	AL INFORMATION	אכ				
Name					Case No.			D.O.B.		
Mailing Address	City	<del></del> -		State	<del>-</del>	Zip		DI		
J			State		Zip	Phone ( )				
Residence (if different fro	m above)					<u> </u>	Message F	hone (w	ithin 48 hours)	
			II OTI	IFD PERSON	10.111110		( )			
Name		Age		TER PERSON tionship	Name	USEHOLD		Ago	Deletionabia	
1)			1.1010		3)			Age	Relationship	
2)		111 1	MONTH	LV INCOME	4) EMPLOYMENT	INFORMATION.				
Type of Income		Self	ACIVI FI		OUSE	Househol	d Membe	er	Total	
Employment (Gross)				Орошоо		, reasonoid Menibe		1 Total		
Unemployment								_   _		
Worker's Comp.										
Pension										
Social Security							· · · · · · · · · · · · · · · · · · ·			
Child Support		<u></u>		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
Works First/TANF										
Disability		·								
Other										
Other								_		
Employer's Name (for all household members)							\$			
Address						CODICIAL			one	
								(	)	
Type of Expens	LOWABLE	Amo	ount			v.	TOTAL INCO	OME		
Child Support Paid Out		74110	Juil							
				l l						
Child Care (if working o	only)				Total Monthly In	come – Total Ali	owable Expe	enses = T	otal Income	
Child Care (if working or Transportation for Work	only)					come – Total All	T	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance	only)				SUB	TOTAL A	\$	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental	only)				SUB'	TOTAL A	\$	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan	only) Costs				SUB'	TOTAL A	\$	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated C	only) Costs				SUB'	TOTAL A	\$	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan	Costs mily	<b>B</b>			SUB SUB GRANI	TOTAL A	\$	enses = T	otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Family Members	Costs nily		of Ow	VI. ASSET	SUB SUB GRANI	TOTAL A TOTAL B O TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fammembers  SUBTOTAL B	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B TOTAL C	\$ \$		otal Income	
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fandembers  SUBTOTAL B  Type of Asset	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B O TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan Members  SUBTOTAL B  Type of Asset Real Estate / Home	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fammembers  SUBTOTAL B  Type of Asset  Real Estate / Home  Stock / Bonds / CD's	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fammembers  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's  Automobiles	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles	Costs nily			VI. ASSET	SUB* SUB* GRANI  INFORMATION lake, Model,	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Family Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles Other Valuable Property	Costs nily			VI. ASSET	SUB SUB GRANI INFORMATION lake, Model, \	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles Other Valuable Property Cash on Hand Money Owed to Applicant	Costs nily			VI. ASSET	SUB SUB GRANI INFORMATION lake, Model, \	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Fan Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles Other Valuable Property Cash on Hand Money Owed to Applicant	Costs nily			VI. ASSET	SUB SUB GRANI INFORMATION lake, Model, \	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Family Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles Other Valuable Property Cash on Hand Money Owed to Applicant Other	Costs nily			VI. ASSET	SUB SUB GRANI INFORMATION lake, Model, \	TOTAL A TOTAL B TOTAL C	\$ \$			
Child Care (if working of Transportation for Work Insurance Medical/Dental Medical & Associated Coff Caring for Infirm Family Members  SUBTOTAL B  Type of Asset Real Estate / Home Stock / Bonds / CD's Automobiles  Trucks / Boats/ Motorcycles Other Valuable Property Cash on Hand Money Owed to Applicant Other Checking Acct.(Bank/Acct#)	Costs nily			VI. ASSET	SUB SUB GRANI INFORMATION lake, Model, \	TOTAL A TOTAL B TOTAL C	\$ \$			

VII. MONTHLY LIABILITIES/OTHER	EXPENSES	VII. GRAND TOTAL	S						
Type of Liability	Amount								
Rent / Mortgage			Grand Total C						
Food		Total Monthly Income	Grand Total C						
Electric		Total monany moonio							
Gas									
Fuel									
Telephone			Grand Total D						
Cable		Total Assets	Grand Total D						
Water / Sewer / Trash									
Credit Cards									
Loans									
Taxes Owed		Total Monthly Liabilities	Grand Total E						
Other		and Other Expenses	Grand Total E						
GRAND TOTAL E		and Other Expenses							
OKAND TOTAL L	IX AFFIDAVI	T OF INDIGENCY							
	IX. AFTIDAVI	TOF INDIGENCY							
I.		being duly sworn, say:							
,		being duly sworn, say.							
I am financially unable to retain page 1.	rivate couped with	out aubatantial handahin ta ma	. Carmatta						
Tan mandally drable to retain pr	Ivate Courise With	out substantial hardship to me or my	tamily.						
I understand that I must inform n my case.	2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.								
3. I understand that if it is determined by the county, or by the Court, that legal representation was provided to for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.									
<ol> <li>I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.</li> </ol>									
<ol><li>I hereby certify that the information knowledge.</li></ol>	on I have provided	on this financial disclosure form is	true to the best of my						
			<del></del>						
Noton, Dublica		Client's Signature D	ate						
Notary Public:									
		law, by the above named applicant, County of							
and State of	·	,							
	· · · · · · · · · · · · · · · · · · ·								
	-	Notary's Signature							
	X. JUDGE C	ERTIFICATION							
I hereby certify that above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason:									
I have determined that the applicant meets the criteria for receiving court appoint counsel.									
	-	Judge's Signature Da	ate						