FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

	ry County			
				
) CASE NO.			
intiff) HIDGE			
11111111,) JODGE			
)			
		DISCLOSURE / FEE-		
0. 1		<u> </u>		
endant.) <u>AND ORDE</u>	<u> </u>		
Applicant's First Name		Applicant's Last Name		
	Applicant's Last Na	me		
h	Last 4 Digits of App			
h				
Other P		plicant's SSN		
	Last 4 Digits of Ap	plicant's SSN		
Other P	Last 4 Digits of Appears Living in Your Hous Is this person a child	plicant's SSN		
Other P	Last 4 Digits of Appears Living in Your Hous Is this person a child under 18?	plicant's SSN		
6	nd be granted a waiv submits the following	in the below-named Applicant requests that the submits the following information Continuous properties of the prepayment of continuous properties of the prepayment of submits the following information in support of submits the following information		

Ohio Works First¹: ____ SSI²: ____ Medicaid³: ____ Veterans Pension Benefit⁴: ____ SNAP / Food Stamps⁵:

Applicant

Monthly Income

Spouse (If Living

in Household)

Total Monthly Income

exceed 187.5% of the federal poverty guidelines.

I am **NOT** able to access my spouse's income \square

Place an "X" next to any benefits you receive.

Gross Monthly Employment Inc	ome,									
including Self-Employment Inco	ome									
(Before Taxes)		\$		\$	\$					
Unemployment, Worker's Comp	ensation,	ľ								
Spousal Support (If Receiving)		\$		\$	\$					
TOTAL MONTHLY INCOME \$										
Liquid Assets										
Type of Asset			Estimated Value							
Cash on Hand			\$							
Available Cash in Checking, Savings, Money Market										
Accounts			\$							
Stocks, Bonds, CDs			_	\$						
Other Liquid Assets			\$							
	Total Liq	uid Assets	\$							
Column A		Monthly	4 (1)		Column B					
Type of Expense	Amo	unt		Type of Expense	Olullii D	Amount				
Rent / Mortgage / Property Tax /	71110	unit		Insurance (Medical, D	ental	1 tillount				
Insurance	\$			Auto, etc.)	Circui,	\$				
Food / Paper Products/Cleaning				Child or Spousal Supp	ort that					
Products/Toiletries	\$			You Pay		\$				
Hailiaine (Hana Can Elegania				Medical / Dental Expen						
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$			Associated Costs of Caring for a Sick or Disabled Family Member		\$				
Transportation / Gas	\$			Credit Card, Other Loans		\$				
Phone	\$			Taxes Withheld or Owed		\$				
Child Care	\$			Other (e.g. garnishments)		\$				
Total Column A Expenses \$				Total Column B Expenses \$						
TOTAL M	IONTHLY	EXPENSES	S (C	Column A + Column B)						
I,		, h	ere	by certify that the info	ormation ?	I have provided on				
(Print Name)										
this financial disclosure form is	s true to th	e best of m	ıy l	knowledge and that I a	am unable	e to prepay the costs				
or fees in this case.										
			Sig	gnature						
NOTARY PUBLIC:										
Sworn to before me and signed	l in my pre	sence this		day of		, 20,				
in Con	unty, Ohio									
				Notary Public (Signature)						
				Notary Public (Printed)						
	My Commission expires:									
If available on indicident 1 1	- مینام میناد	d to ada	at-	un this act hat the Classic	Ir of Carre	42a Office				
If available, an individual duly	autnorized	u to admini	ste	er this oath at the Cleri	k of Cour	t s Office will do so				
at no cost to the Applicant.										

<u>ORDER</u>

	Upon the request of the Applicant and the Court's review, the indigent litigant and GRANTS a waiver of the prepayment of	• • • • • • • • • • • • • • • • • • • •	ıt
	to R.C. 2323.311(B)(3), upon the filing of a civil action or p under division (B)(1) of this section, the clerk of the court sh proceeding for filing.	roceeding and the affidavit of indigeno	
	Upon the request of the Applicant and the Court's review, the an indigent litigant and DENIES a waiver of the prepayment Applicant is granted thirty (30) days from the issuance of the deposit or security. Failure to do so within the time allotted filing.	t of costs or fees in this matter. is Order to make the required advance	
IT :	TIS SO ORDERED		
Jud	dge / Magistrate	Date	_

[Effective: April 15, 2020; amended effective April 15, 2022.]