

IN THE COURT OF \_\_\_\_\_

\_\_\_\_\_  
COUNTY, OHIO

|            |   |   |
|------------|---|---|
|            | ) | CASE NO.                                    |
|            | ) |   |
| Plaintiff, | ) | JUDGE                                       |
|            | ) |   |
| vs.        | ) |   |
|            | ) | <b><u>FEE WAIVER AFFIDAVIT</u></b>          |
|            | ) | <b><u>PURSUANT TO R.C. 2323.311 AND</u></b> |
| Defendant. | ) | <b><u>ORDER</u></b>                         |

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

| Personal Information  |           |  |                                |
|---|-----------|--|--------------------------------|
| Applicant's First Name  |           | Applicant's Last Name                                    |                                |
| Applicant's Date of Birth   |           | Last 4 Digits of Applicant's SSN                         |                                |
| Applicant's Address   |           |  |                                |
| Other Persons Living in Your Household  |           |  |                                |
| First Name  | Last Name | Is this person a child under 18?                         | Relationship (Spouse or Child) |
|   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
|   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
|   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Public Benefits   |           |  |                                |
| I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.       |           |  |                                |
| Place an "X" next to any benefits you receive.  |           |  |                                |
| Ohio Works First <sup>1</sup> : ____ SSI <sup>2</sup> : ____ Medicaid <sup>3</sup> : ____ Veterans Pension Benefit <sup>4</sup> : ____ SNAP / Food Stamps <sup>5</sup> : ____ |           |  |                                |
| Monthly Income  |           |  |                                |
| I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>  |           |  |                                |
|   | Applicant | Spouse (If Living in Household)                          | Total Monthly Income           |
| Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)  | \$        | \$   | \$                             |
| Unemployment, Worker's Compensation, Spousal Support (If Receiving)   | \$        | \$   | \$                             |
| <b>TOTAL MONTHLY INCOME</b>   |           |  | <b>\$</b>                      |

**Pursuant to R.C. 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, proceeding, or motion for filing.

| Liquid Assets  |                 |
|--|-----------------|
| Type of Asset  | Estimated Value |
| Cash on Hand   | \$              |
| Available Cash in Checking, Savings, Money Market Accounts | \$              |
| Stocks, Bonds, CDs   | \$              |
| Other Liquid Assets  | \$              |
| <b>Total Liquid Assets</b>                                 | \$              |

  

| Monthly Expenses                                      |        |  |        |
|---|--------|--|--------|
| Column A  |        | Column B   |        |
| Type of Expense                                       | Amount | Type of Expense  | Amount |
| Rent / Mortgage / Property Tax / Insurance            | \$     | Insurance (Medical, Dental, Auto, etc.)  | \$     |
| Food / Groceries                                      | \$     | Child or Spousal Support that You Pay  | \$     |
| Utilities (Heat, Gas, Electric, Water / Sewer, Trash) | \$     | Medical / Dental Expenses or 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 (Specify)  | \$     |
| <b>Total Column A Expenses</b>                        | \$     | <b>Total Column B Expenses</b>   | \$     |
| <b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>   |        |  |        |

I, \_\_\_\_\_, hereby, certify that the information I have provided on  
 (Print Name)  
 this financial disclosure form is true to the best of my knowledge and that I unable to prepay the costs or fees in this case.

\_\_\_\_\_  
 Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

**ORDER**

- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter.
- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter.

**IT IS SO ORDERED**

\_\_\_\_\_  
 Judge / Magistrate

\_\_\_\_\_  
 Date

**Pursuant to R.C. 2323.311(B)(3)**, upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

# *Xenia Municipal Court*

**RONALD C. LEWIS, JUDGE**

101 N. Detroit St. • Xenia, Ohio 45385

937-376-7294 • 937-376-7288 (fax)

## ***PROCEDURE FOR SEALING OF RECORDS***

Dear Applicant,

You have asked about applying for Sealing of Records through the Xenia Municipal Court. IF YOU HAVE AN ATTORNEY, he/she will instruct and guide you through the process, but in every case, a Signed Application must be filed.

In order to complete this investigation thoroughly, it is vital that you complete all the requested information that is attached. This information is to be reviewed and then completed to the best of your knowledge. Please do not leave any question boxes empty. If during the course of this investigation it is determined that you have provided false information or have failed to cooperate in any fashion with the investigator, your application **will be denied**. Please type or write legibly on the application.

In order to begin the process you will need to complete and return. . .

- 1) \$50.00 filing fee per application
- 2) Signed Application. The defendant **MUST** provide the case number(s) requesting to be sealed.

**IF YOU ARE REQUESTING THE SEALING OF A RECORD AND YOU WERE FOUND NOT GUILTY OR YOUR CASE WAS DISMISSED.**

- 1) No filing fee for Dismissed cases or cases with finding of “not guilty”
- 2) Signed Application. The defendant **MUST** provide the case number(s) requesting to be sealed.

As part of this process, you will be contacted by a representative of Xenia Municipal Court regarding an interview. This should take place within approximately 3-4 weeks of filing, depending upon the number of applications currently under review, daily court docket, etc. Any questions regarding the Sealing of Records process may be addressed to the Court at 937-376-7289 or 937-376-7297.



**IN THE MUNICIPAL COURT OF XENIA, OHIO  
CRIMINAL DIVISION**

STATE OF OHIO

CITY OF \_\_\_\_\_

Plaintiff,

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

SSN: \_\_\_\_\_

vs.

\_\_\_\_\_  
Defendant,

**APPLICATION FOR  
ORDER OF SEALING RECORD**  
(Conviction(s) or Bond Forfeiture)

Defendant hereby makes application to the Court pursuant to Section 2953.3.31 to 2953.36 of the Ohio Revised Code for the sealing of the conviction(s) record in this case.

Defendant hereby provides the following information:

- (1) Charge(s) convicted of \_\_\_\_\_  
\_\_\_\_\_
- (2) Date of Conviction: \_\_\_\_\_
- (3) Date of termination of probation, if probation was imposed: \_\_\_\_\_
- (4) Defendant's current address: \_\_\_\_\_
- (5) Defendant's Telephone: \_\_\_\_\_
- (6) Defendant's Date of Birth: \_\_\_\_\_

Defendant states that he/she is an eligible offender and has no criminal proceedings pending; that any rehabilitation has been attained to the satisfaction of the court; and, that the interests of defendant in having the records pertaining to this conviction are not outweighed by any legitimate governmental needs to maintain those records. Defendant further states that at least one year has passed since completion of the case, including payment of fines and costs.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Typed or Printed Name of Defendant

**IN THE MUNICIPAL COURT OF XENIA, OHIO  
CRIMINAL DIVISION**

STATE OF OHIO

CITY OF \_\_\_\_\_

Plaintiff,

vs.

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

SSN: \_\_\_\_\_

\_\_\_\_\_  
Defendant,

**APPLICATION FOR**  
**ORDER OF SEALING RECORD**  
(Not Guilty or Dismissal)

Undersigned hereby makes application to the Court pursuant to Section 2953.51 and 2953.52 of the Ohio Revised Code for the sealing of official records after a not guilty finding or dismissal of proceedings in this case.

Applicant hereby provides the following information:

- (1) Original Charge(s) \_\_\_\_\_  
\_\_\_\_\_
- (2) Date of Arrest/Incident \_\_\_\_\_
- (3) Date of Not Guilty finding or dismissal: \_\_\_\_\_
- (4) Applicant's current address: \_\_\_\_\_
- (5) Applicant's Telephone: \_\_\_\_\_
- (6) Applicant's Date of Birth: \_\_\_\_\_

Applicant states that he/she was found not guilty in this case or the case was dismissed; that he/she has no criminal proceeding pending; and that the interests of applicant in having the records pertaining to this case sealed are not outweighed by legitimate governmental needs to maintain those records.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Typed or Printed Name of Defendant