

**FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER**

IN Oakwood Municipal Court  
Montgomery County

|            |   |   |
|------------|---|---|
|            | ) | CASE NO.                                  |
|            | ) |   |
| Plaintiff, | ) | JUDGE                                     |
|            | ) |   |
| vs.        | ) |   |
|            | ) |   |
|            | ) | <b><u>FINANCIAL DISCLOSURE / FEE-</u></b> |
|            | ) | <b><u>WAIVER AFFIDAVIT</u></b>            |
| Defendant. | ) | <b><u>AND 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>Liquid Assets</b>   |                        |  |               |
| <b>Type of Asset</b>   | <b>Estimated Value</b> |  |               |
| Cash on Hand   | \$                     |  |               |
| Available Cash in Checking, Savings, Money Market Accounts                       | \$                     |  |               |
| Stocks, Bonds, CDs   | \$                     |  |               |
| Other Liquid Assets  | \$                     |  |               |
| <b>Total Liquid Assets</b>   | \$                     |  |               |
| <b>Monthly Expenses</b>  |                        |  |               |
| <b>Column A</b>  |                        | <b>Column B</b>  |               |
| <b>Type of Expense</b>   | <b>Amount</b>          | <b>Type of Expense</b>   | <b>Amount</b> |
| Rent / Mortgage / Property Tax / Insurance                                       | \$                     | Insurance (Medical, Dental, Auto, etc.)  | \$            |
| Food / Paper Products/Cleaning Products/Toiletries                               | \$                     | 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 (e.g. garnishments)  | \$            |
| <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 am 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\_\_\_\_\_,  
 in \_\_\_\_\_ County, Ohio.

\_\_\_\_\_  
 Notary Public (Signature)

\_\_\_\_\_  
 Notary Public (Printed)  
 My Commission expires: \_\_\_\_\_

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. 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.
- ☐ 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. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

**IT IS SO ORDERED**

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Judge / Magistrate

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Date

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