

IN THE MUNICIPAL COURT OF PORTAGE COUNTY, OHIO  
CIVIL DIVISION

\_\_\_\_\_  
Plaintiff

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

JUDGE

-vs-

\_\_\_\_\_  
Defendant

**POVERTY AFFIDAVIT**

\_\_\_\_\_, being first duly sworn, says that he/she is the plaintiff/defendant in the above-entitled action, and that he/she is financially, and otherwise, unable either to give security or to make a cash deposit for costs in the above-entitled action.

\_\_\_\_\_  
Plaintiff/Defendant

STATE OF OHIO            )  
                                  ) SS  
COUNTY OF PORTAGE    )

SWORN TO BEFORE ME, a Notary Public, and subscribed in my presence this  
\_\_\_\_\_ day of \_\_\_\_\_, 2000.

\_\_\_\_\_  
NOTARY PUBLIC

## FINANCIAL DISCLOSURE / AFFIDAIT OF INDIGENCY

### I. PERSONAL INFORMATION

Name		Case No.		D.O.B.	
Mailing Address		City	State	Zip	Phone ( )
Residence (if different from above)				Message Phone (within 48 hours)	

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	Age	Relationship	Name	Age	Relationship
1)			3)		
2)			4)		

### III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Work First/TANF				
Disability				
Food Stamps				
Other				
Employer's Name (for all household members)				0.00
			<b>Subtotal A</b>	0.00
Address				Phone ( )

### IV. ALLOWABLE EXPENSES

### V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs of Caring for Infirm Family Members	
<b>SUBTOTAL B</b>	<b>\$ 0.00</b>

  

Total Monthly Income – Total Allowable Expenses = Total Income	
<b>SUBTOTAL A</b>	<b>\$ 0.00</b>
<b>- SUBTOTAL B</b>	<b>\$ 0.00</b>
<b>GRAND TOTAL C</b>	<b>\$</b>

### VI. ASSEST INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where Applicable)	Estimated Value
Real Estate		
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/ Acct.#)		
Savings Acct. (Bank/ Acct.#)		
Credit Union (Name / Acct#)		
<b>GRAND TOTAL D</b>		<b>\$ 0.00</b>

VII. MONTHLY LIABILITES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		Grand Total C
Rent / Mortgage		Total Monthly Income	
Food			
Electric		Total Assets	0.00
Gas			
Fuel			
Telephone			
Cable		Total Monthly Liabilities And Other Expenses	0.00
Water / Sewer / Trash			
Credit Cards			
Loans			
Taxes Owed			
Other			
<b>GRAND TOTAL E</b>	<b>0.00</b>		

**IX. AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_ being duly sworn, say;

- I am financially unable to retain private counsel without substantial hardship to me or my family.
- I understand that I must inform my attorney if my financial situation should change before the Disposition of my case.
- I understand that if it is determined by the county, or by the Court, that legal representation was provided to me to which I was not entitled, I may be required to reimburse the county for the cost 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.
- I understand that I am subject to criminal charges for providing false information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13(A)(13), (D)(4).
- I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Clients Signature                      Date

**Notary Public:**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at Lancaster, County of Fairfield and State of Ohio.

\_\_\_\_\_  
Notary's Signature

My commission expires on \_\_\_\_\_

**X. JUDGE CERTIFICATION**

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 appointed counsel.

\_\_\_\_\_  
Judge's Signature                      Date