

PLAINTIFF _____

CASE NO. _____

DEFENDANT _____

FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

NAME _____ SS# _____ DOB / / _____
ADDRESS _____ CITY _____ STATE _____ PHONE _____

OTHER PERSONS LIVING IN HOUSEHOLD

1) NAME _____ AGE _____ RELATIONSHIP _____
2) NAME _____ AGE _____ RELATIONSHIP _____
3) NAME _____ AGE _____ RELATIONSHIP _____
4) NAME _____ AGE _____ RELATIONSHIP _____

MONTHLY INCOME / EMPLOYMENT INFORMATION

Income Source	Self	Spouse	Household Members	Total
Employment				
Unemployment				
Workers' Comp				
Pension				
Social Sec.				
Child Support				
ADC				
Disability				
Food Stamps				
Other				
Total				

MONTHLY EXPENSES / LIABILITIES

Expense/Liability	Amount Debtor (Self/Household Member)	Expense/Liability	Amount Debtor (Self/Household Member)
Child Support Paid		Child Care (Only if Working)	
Work Transportation		Medical / Dental Uninsured	
Medical Insurance		Costs of Caring for Infirm Family Member	
Rent / Mortgage		Food	
Electric		Gas	
Telephone		Cable TV	
Water/Sewer/Trash		Credit Cards (Specify)	
Loans (Specify)		Taxes	
Other (Specify)		Other (Specify)	
Other (Specify)		Other (Specify)	
TOTAL		TOTAL	

ASSET INFORMATION

Type of Asset	Describe Length of Ownership/ Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home		
Stocks / Bonds / CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash On Hand		
Money Owed to Defendant		
Checking Acct. (Bank/Acct.#)		
Savings Acct. (Bank/Acct.#)		
Credit Union (Name/Acct.#)		
TOTAL		

AFFIDAVIT OF INDIGENCY

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

_____, being first sworn, deposes and says that (s)he is a party in the above entitled cause; that said cause is brought in the Domestic Relations Division of the Common Pleas Court of Franklin County, Ohio, requesting _____; that (s)he is:

_____ employed _____ unemployed _____ a recipient of ADC/SSI/SSD and is without sufficient financial means to prepay or give security for the costs of said action. Affiant further says that (s)he has no money with which to pay the costs of said action; that (s)he has no available real property or personal property with which to secure the payment of said costs that may accrue; nor is (s)he able to give bond or any other security to cover said costs as provided by law.

I understand that if the security for costs is waived, and it is later determined that I was not entitled to such a waiver, I will be required to pay the costs associated with this action. I further understand that I am subject to criminal prosecution for providing false financial information in connection with this indigency affidavit.

This affidavit is made in accordance with O.R.C.2323.31 and in conformity with an order of the Domestic Relations Division of the Common Pleas Court of Franklin County, Ohio. I hereby certify that the information provided herein is true to the best of my knowledge.

Affiant

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public