

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SUMMIT COUNTY, OHIO**

_____)	CASE NO. _____
Plaintiff / Petitioner 1)	
)	SETS NO. _____
)	
-vs.-)	JUDGE _____
)	
)	MAGISTRATE _____
)	
_____)	<u>MOTION TO PROCEED IN FORMA</u>
Defendant / Petitioner 2 / Respondent)	<u>PAUPERIS FINANCIAL DISCLOSURE</u>
)	<u>/FEE WAIVER AFFIDAVIT</u>

Now comes _____, (Applicant) as a party in the above-captioned case, and pursuant to R.C. Section 2323.311 and Loc. R. 4.02, hereby moves this Court for an Order to Proceed in Forma Pauperis. As basis for this Motion, I hereby state that I am an indigent litigant and am financially unable to pay the filing fee at the time of filing. My financial circumstances are outlined below in the Financial Disclosure/Fee Waiver Affidavit being filed with this Motion. I understand that this Court cannot waive the payment of filing fees, and am requesting a waiver of the prepayment of costs or fees. Said fees are required to be paid by one of the parties. I agree to ensure that arrangements are made with the Clerk of Courts for payment of all filing fees and court costs upon assessment of costs being ordered by the Court. I further understand that failure to provide the information requested in the Financial Disclosure completely and honestly shall result in this Court denying the Motion to Proceed in Forma Pauperis. **I also understand that should the Court deny this Motion, I must pay the required deposit and/or costs assessed within THIRTY (30) DAYS or the case/motion shall be dismissed.**

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, Phone Number, and Email 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 187.5% of the federal poverty guidelines. Place an "X" next to any benefits you receive:			
Ohio Works First ¹ :____ SSI ² :____Medicaid ³ :____Veterans Pension Benefit ⁴ :____SNAP / Food Stamps ⁵ :__			

Monthly Income

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

	Applicant	Spouse (If Living in Household)	Total Monthly Income
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Child or +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 Liquid Assets	\$

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 / 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)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

Additional reasons that you are unable to pay the filing fee at the time of filing:

I, _____ (Print Name), hereby certify that the information I have provided on 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.

APPENDIX

R.C. §2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹ Ohio Works First Income Limit: 50% FPL (R.C. §5107.10(D)(1)(a))

² SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³ Medicaid Income Limit: Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII)). Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴ Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually /\$1,477 monthly for a veteran with one dependent

⁵Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61).