

In The Court of Common Pleas, Lucas County, Ohio  
Juvenile Division

Case Number: \_\_\_\_\_

**IN THE MATTER OF:**

**MOTION FOR WAIVER OF FILING FEES/COSTS  
AND AFFIDAVIT OF INDIGENCY**

1. \_\_\_\_\_  
Child's Name  
\_\_\_\_\_  
DOB Last 4 Digits of SS #

2. \_\_\_\_\_  
Child's Name  
\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
Petitioner's Name

\_\_\_\_\_  
Respondent's Name

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Instructions:** This form is used to request to be found indigent and waive payment of filings fees. An Affidavit of Indigency MUST be filed with this Motion.

Now comes \_\_\_\_\_ (*your name*) pursuant to §2323.31 and §2323.311 of the Ohio Revised Code, who moves this Court for an Order finding them to be indigent and waiving the required filing fees/costs.

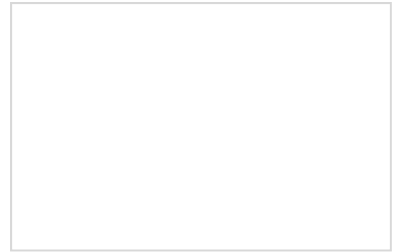
The attached **Affidavit of Indigency** is a sworn statement of my true income, assets and expenses, including the names and ages of the persons whom I have a legal duty to support. I understand that in making their determination, the Court will review the information provided by me in the Affidavit. If I am not found to be indigent, I will be notified by the Court and required to pay the filing fees/costs **before** my hearing will be scheduled. If I do not make the required payment within thirty (30) days, my filing will be dismissed and in order to have my case heard, I will need to file a new pleading.

Wherefore, the undersigned hereby moved this Court to grant an Order finding them to be indigent and waiving the required filing fees/costs pursuant to ORC §2323.311.

Respectfully Submitted,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



In The Court of Common Pleas, Lucas County, Ohio  
Juvenile Division

Case Number: \_\_\_\_\_

**ORDER REGARDING WAIVER OF FILING  
FEES/COSTS**

**IN THE MATTER OF:**

1. \_\_\_\_\_  
Child's Name  
\_\_\_\_\_  
DOB Last 4 Digits of SS #

2. \_\_\_\_\_  
Child's Name  
\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
Petitioner's Name

\_\_\_\_\_  
Respondent's Name

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
DOB Last 4 Digits of SS #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**ORDER REGARDING WAIVER OF APPLICATION FEE**

Motion for Waiver of Filing Fees/Costs due to indigent finding pursuant to §2323.31 and §2323.311 of the Ohio Revised Code filed on \_\_\_\_\_ is hereby:

- GRANTED** (Fee is WAIVED) – Applicant's income falls at or below the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall schedule the underlying matter for hearing.**
- DENIED** – Applicant's income is above the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall send copy of this order to the requesting party. The requesting party will have thirty (30) days from the date of this order to pay the required fees/costs. Failure to pay the required fees/costs within the thirty (30) days will result in the automatic dismissal of the pleading.**

It is so **ORDERED**.

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

\_\_\_\_\_  
Date

## AFFIDAVIT OF INDIGENCY FORM- MOTION FOR WAVIER OF FILING FEES/COSTS

*Pursuant to O.R.C. 2323.311(B) (1), this form requests substantially the same information as the Ohio Public Defender Financial Disclosure form (ODP-206R).*

I. PERSONAL INFORMATION			
Applicant's Name			D.O.B.
Mailing Address		City	State      Zip Code
Case No.		Phone	Cell Phone
SSN Last 4	Gender	Race (place an 'X' by all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other	

II. APPLICANT'S DEPENDENTS					
Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY
<p><b>Waiver of filing fee is presumed if the applicant meets any of the qualifications below. (place an 'X' by all that apply)</b></p> <p> <input type="checkbox"/> Ohio Works First / TANF      <input type="checkbox"/> SSI    <input type="checkbox"/> SSD    <input type="checkbox"/> Medicaid      <input type="checkbox"/> Poverty Related Veterans' Benefits    <input type="checkbox"/> Food Stamps  <input type="checkbox"/> Refugee Settlement Benefits    <input type="checkbox"/> Incarcerated in state penitentiary    <input type="checkbox"/> Committed to a Public Mental Health Facility    <input type="checkbox"/> Juvenile         </p> <p style="text-align: center;"><b>Documentation must be submitted showing receipt of above-mentioned benefits dated within the past thirty (30) days</b></p>

IV. INCOME AND EMPLOYER	
Gross Monthly Employment Income	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$
<b>TOTAL INCOME</b>	<b>\$</b>
Employer's Name: _____ Phone Number: _____	
Employer's Address: _____	

V. LIQUID ASSETS	
Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
<b>Total Liquid Assets</b>	<b>\$</b>

VI. MONTHLY EXPENSES			
Type of Expense	Monthly Amount	Type of Expense	Monthly Amount
Child Support Paid Out	\$	Telephone	\$
Child Care (if working only)	\$	Transportation / Fuel	\$
Insurance (medical, dental, auto, etc.)	\$	Taxes Withheld or Owed	\$
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	\$	Credit Card, Other Loans	\$
Rent / Mortgage	\$	Utilities (Gas, Electric, Water / Sewer, Trash)	\$
Food	\$	Other (Specify)	\$
<b>Sum of TOTAL EXPENSES</b>			<b>\$</b>

VII. DETERMINATION OF INDIGENCY
<p>If applicant's Total Income in Section IV is equal to or less than 187.5% of the Federal Poverty Guidelines, and if the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets listed in Section V, or if Applicant is presumptively eligible, the filing fee will be waived. The Court has discretion to grant the waiver when Applicant's expenses are greater than income and assets.</p>

**VIII. APPLICANT CERTIFICATION**

Now comes Applicant, \_\_\_\_\_, (*insert name*) and states the following:

1. I am financially unable to pay the court fees/costs associated with my pleading without substantial hardship.
2. I understand that I must inform the Juvenile Clerk's Office if my financial situation should change before the disposition of the case for which this application is being submitted.
3. I understand that if it is determined by the court that a waiver of court fees/costs should not have been permitted, that I will be required to pay the court fees/costs.
4. I understand that if it is determined that false information was provided on this form, I may be subject to criminal charges for providing false financial information in connection with this Motion for Waiver of Filing Fees/Costs pursuant to Ohio Revised Code section 2921.13.
5. I hereby certify that the information I have provided on this **Motion for Waiver of Filing Fees/Costs and Affidavit of Indigency** is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IX. JUDICIAL REVIEW**

Section IV - Total Income: \$ \_\_\_\_\_ Applicant Household Size: \$ \_\_\_\_\_

Section V - Liquid Assets: \$ \_\_\_\_\_ Section VI - Monthly Expenses: \$ \_\_\_\_\_

**Ohio Public Defender  
2019 Indigent Client Eligibility Guidelines  
All figures based on gross income**

Household Size	Annual Income	Monthly Income	Bi-Weekly Income	Weekly Income
<b>1</b>	\$ 23,419.00	\$ 1,952.00	\$ 901.00	\$ 450.00
<b>2</b>	\$ 31,706.00	\$ 2,642.00	\$ 1,219.00	\$ 640.00
<b>3</b>	\$ 39,994.00	\$ 3,333.00	\$ 1,538.00	\$ 769.00
<b>4</b>	\$ 48,281.00	\$ 4,023.00	\$ 1,857.00	\$ 928.00
<b>5</b>	\$ 56,569.00	\$ 4,714.00	\$ 2,176.00	\$ 1,088.00
<b>6</b>	\$ 64,856.00	\$ 5,405.00	\$ 2,494.00	\$ 1,247.00
<b>7</b>	\$ 73,144.00	\$ 6,095.00	\$ 2,813.00	\$ 1,407.00
<b>8</b>	\$ 81,431.00	\$ 6,786.00	\$ 3,132.00	\$ 1,566.00
<b>Each Additional</b>	\$ 8,288.00	\$ 691.00	\$ 319.00	\$ 159.00

- Applicant's Total Income is equal to or less than 187.5% of the Federal Poverty Guidelines, and Applicant's monthly expenses are equal to or in excess of the Applicant's liquid assets listed in Section V, and/or Applicant is presumptively eligible in line with Section III, thus, **the filing fee associated with this pleading is waived. Applicant's Motion for Waiver of Filing Fees/Costs is granted.**
- Applicant's Total Income is more than 187.5% of the Federal Poverty Guidelines, and/or Applicant's monthly expenses are less than the Applicant's liquid assets listed in Section V, therefore, **the filing fee associated with this pleading must be paid. The clerk will retain the filing of the action or proceeding. Applicant's Motion for Waiver of Filing Fees/Costs is denied. Applicant is granted 30 days to pay the court fees/costs. Failure to pay the required fees/costs within thirty (30) days will result in the automatic dismissal of the pleading.**

**Lucas County Juvenile Clerk's Office**

1801 Spielbusch Avenue, Toledo, OH 43604

(419) 213-6744

www.co.lucas.oh.us/juvenile

Hours: Monday - Friday

8:00 am to 4:30 pm

(excluding legal holidays)

**FREE CLINIC**

The Free Clinic is held at Lucas County Juvenile Court on the **1<sup>st</sup> and 3<sup>rd</sup> Thursday** of every month (excluding legal holidays) by appointment only.

**Call the Toledo Bar Association Pro Bono Department at (419) 242-9363 to schedule an appointment. Space is limited.**

The clinic is staffed by local attorneys who will help you fill out any court forms.

**DO NOT SIGN YOUR PAPERWORK BEFORE PRESENTING IT TO THE JUVENILE CLERK'S OFFICE**

Document(s) Needed:

- CSEA Administrative Order of Child Support (Paternity)** - Available from LCCSEA, 701 Adams Street, Toledo, OH 43604, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Account Summary (Arrearage Statement)** - Available from LCCSEA, 701 Adams Street, Toledo, OH 43604, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Paternity Affidavit (1-888-810-6446)**

**- OR -**

**Birth Certificate – a written request for birth certificate must include:** Child's full name; DOB; the names of both parents; and the Registry Number. [Registry Number is also called Mail Stamp Number, PEP ID Number and CPR Number. Numbers contain up to 6 digits and can be obtained by calling the Central Paternity Registry at 1-888-810-6446.]

**You will need a \$7.00 check or money order made payable to the Treasurer, State of Ohio**

**Send written request and payment to:**

Ohio Department of Health, Vital Statistics

P.O. Box 15098

Columbus, OH 43215