

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

\_\_\_\_\_  
(Your Name)

Plaintiff,

vs.

\_\_\_\_\_  
(Your Spouse's Name)

Defendant.

Case No. \_\_\_\_\_  
(Court will complete)

Judge/Magistrate \_\_\_\_\_  
(Court will complete)

**APPLICATION FOR WAIVER OF  
FILING FEE**

I, \_\_\_\_\_, being first duly sworn and cautioned, depose and state as follows:  
(Your Name)

1. I am the Plaintiff in the above-captioned case.
2. I do not have the funds or assets to pay the costs of the deposit or to pay for an attorney to represent me. If sufficient funds do become available to me in the future, I am willing to pay the costs at that time.
3. I therefore request that I be allowed to proceed in this matter without prepayment of costs.
4. I understand that the Court may assess the costs of this action at the conclusion of the case and that the costs may be assessed against me.

\_\_\_\_\_  
Affiant (Sign here in front of notary)

STATE OF OHIO, COUNTY OF \_\_\_\_\_, SS:

Sworn to before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
Plaintiff

Case No.: \_\_\_\_\_

vs.

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

\_\_\_\_\_  
Defendant

**FINANCIAL DISCLOSURE / FEE-  
WAIVER AFFIDAVIT**

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>\$</b>		<b>\$</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.

\_\_\_\_\_

**In the Court of Common Pleas  
Guernsey County, Ohio  
General Division**

\_\_\_\_\_  
Plaintiff/Petitioner,

Case No. \_\_\_\_\_

vs.

**JUDGMENT ENTRY – DEPOSIT WAIVER**

\_\_\_\_\_  
Defendant(s)

- 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**

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

[Effective: April 15, 2020]