

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

DOB: _____
Plaintiff/Petitioner 1

CASE NO. _____

JUDGE MARTIN

vs./and

DOB: _____
Defendant/Petitioner 2

POVERTY AFFIDAVIT
[R.C. 2323.30, 2323.31
and D.R. Rule 1.04]

I, _____, being duly sworn, says:

1. I am a party in the foregoing action;
2. I am without the funds or assets to give security or a cash deposit to secure costs at this time;
3. I understand that I must inform the Court if my financial situation should change before the disposition of my case;
4. I understand that I am subject to criminal charges for providing false information;
5. I understand that if it is determined by the Court, that I was not entitled to the suspended deposit/costs that were provided to me, I may be required to reimburse the county for the costs;
6. I understand that the Court will ultimately determine which party will be responsible for the payment of costs in this case, unless costs are waived.

Signature

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

Notary Public

ATTORNEY CERTIFICATION (required if Affiant is represented by counsel):

I, _____, Attorney at Law, certify that based on my inquiry and the information available to me, that the foregoing statements are true.

I further certify that I am/not being paid by the Affiant for the services in the above-captioned case in the amount of \$_____.

I further understand that I am under a continuing obligation to advise the Court of any change in the financial status of my client.

Signature of Attorney

Address

Address

Phone Number

Supreme Court Number

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

_____,
PLAINTIFF/1ST PETITIONER

CASE NO. _____
JUDGE MARTIN
MAGISTRATE _____

v.

_____,
DEFENDANT/2ND PETITIONER

**AFFIDAVIT OF FINANCIAL
DISCLOSURE**

DATE OF MARRIAGE:	DATE OF SEPARATION:
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STATE OF OHIO, SS:

Now comes, _____, affiant herein, and having been duly cautioned and sworn, states that he/she has been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities, and expenses; (2) to assist in determining orders of support when applicable.

TEMPORARY ORDERS

☐ I do not request a temporary order

☐ I request a temporary order for ☐ Custody ☐ Child Support ☐ Spousal Support

OTHER ACTIVE CASES

☐ A Domestic Violence Order: Case No.

☐ A Juvenile Court Case: Case No.

☐ An Administrative Child Support Case: SETS No.

☐ Bankruptcy Case: Case No.

PLAINTIFF/1 ST PETITIONER'S INCOME		
Employed? ☐ Yes ☐ No	Retired? ☐ Yes ☐ No	Active Duty? ☐ Yes ☐ No
Employer's Name:		
Job Title:		
Hourly or Salary? ☐ Hourly ☐ Salary	If Hourly, Rate/Hour: \$	
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$	
B. OVERTIME, COMMISSION, & BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____	Year 2, 20____	Year 3, 20____
\$	\$	\$
B(1) Overtime, Commission, Bonus Average: \$		
C. OTHER YEARLY INCOME		
Interest/Dividend Income	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Social Security or Other Disability Benefits	\$	
Gross Self-Employment Income	\$	
Ordinary & Necessary Business Expenses	\$	
Retirement in Pay Status	\$	
TOTAL YEARLY INCOME FROM ALL SOURCES ((A + B(1) + C))		\$

PLAINTIFF/1 ST PETITIONER'S PUBLIC ASSISTANCE	
Currently Receiving Public Assistance? ☐ Yes ☐ No	If yes, assistance type: ☐ Cash Grant ☐ Medical
Assistance Application Pending? ☐ Yes ☐ No	If yes, when was it completed?
Currently Receiving Social Security? ☐ Yes ☐ No	If yes, assistance type: ☐ SSD ☐ SSI
SSI/SSD Application Pending? ☐ Yes ☐ No	If yes, when was it completed?

PLAINTIFF/1 ST PETITIONER'S EDUCATION			
Name of School	Years Attended	Degree Obtained	If Yes, Type of Degree
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

DEFENDANT/2 ND PETITIONER'S INCOME		
Employed? ☐ Yes ☐ No	Retired? ☐ Yes ☐ No	Active Duty? ☐ Yes ☐ No
Employer's Name:		
Job Title:		
Hourly or Salary? ☐ Hourly ☐ Salary	If Hourly, Rate/Hour: \$	
A. GROSS YEARLY INCOME FROM EMPLOYMENT		
Base Yearly Wages	\$	
B. OVERTIME, COMMISSION, & BONUSES (Past 3 Year History; Year 3 is Most Recent)		
Year 1, 20____ \$	Year 2, 20____ \$	Year 3, 20____ \$
B(1) Overtime, Commission, Bonus Average: \$		
C. OTHER YEARLY INCOME		
Interest/Dividend Income	\$	
Unemployment Compensation	\$	
Worker's Compensation	\$	
Social Security or Other Disability Benefits	\$	
Gross Self-Employment Income	\$	
Ordinary & Necessary Business Expenses	\$	
Retirement in Pay Status	\$	
TOTAL YEARLY INCOME FROM ALL SOURCES ((A + B(1) + C))		\$

DEFENDANT/2 ND PETITIONER'S PUBLIC ASSISTANCE	
Currently Receiving Public Assistance? ☐ Yes ☐ No	If yes, assistance type: ☐ Cash Grant ☐ Medical
Assistance Application Pending? ☐ Yes ☐ No	If yes, when was it completed?
Currently Receiving Social Security? ☐ Yes ☐ No	If yes, assistance type: ☐ SSD ☐ SSI
SSI/SSD Application Pending? ☐ Yes ☐ No	If yes, when was it completed?

DEFENDANT/2 ND PETITIONER'S EDUCATION			
Name of School	Years Attended	Degree Obtained	If Yes, Type of Degree
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

OTHER ASSETS & LUMP SUM INCOME

1. Describe income sources listed in Section B (i.e. disability income, interests or dividend income, rentals, annuities, etc.) Attach additional pages if needed.

Name & Address of Source:	Identifying Description:	Income or Benefits:

2. List any lump sum income (bonus, gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six (6) months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source:	Value: \$
Source:	Value: \$

3. List all funds on deposit in any and all accounts in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes any of the following: checking, certificate of deposit ('CD'), investment, savings, retirement/pension accounts, IRA's, stock options, etc. Attach additional pages if needed.

Name & Address of Institution	Last 4 Digits of Account #	Name(s) on Account	Balance

4. Real Estate

Address of Property	Name(s) on Deed	Present Value

MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE

Child's Name:	Child's DOB:	Child Resides With:

INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE

	Plaintiff/Petitioner 1	Defendant/Petitioner 2
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

CHILD CARE EXPENSES

Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	☐ Yes ☐ No \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually
Defendant/Petitioner 2	☐ Yes ☐ No \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

HEALTH INSURANCE Group Health Insurance Available for Dependent Children

Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	☐ Yes ☐ No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	☐ Plaintiff ☐ Defendant ☐ Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	☐ Yes ☐ No
Does the available insurer cover primary services within 30 miles of the child's home?	☐ Yes ☐ No

If either party is enrolled in a health insurance plan through a group or individual insurance plan:

Name of Parent Providing Health Insurance: _____
Employee Cost for Insurance: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually
Type of Coverage: ☐ Medical ☐ Dental ☐ Vision ☐ Other _____
*If health insurance is provided, attach a copy of the front and back of the insurance card

AFFIANT'S MONTHLY EXPENSES

List your ACTUAL expenses for your present household. If you expect changes in your expenses soon, attach a separate sheet with your ESTIMATED expenses. If you are living with your parents or someone is helping you with your living expenses, provide the

Person's Name: _____ The Amount of Support Provided: \$ _____

MONTHLY EXPENSES: HOUSING

1. Rent or Mortgage (including taxes and insurance)	\$
2. Utilities:	
Gas & Electric (level billing or average per month)	\$
Water & Sewer	\$
Cell Phone (# of Phones on Plan _____)	\$
Trash Collection	\$
Other: _____	\$

HOUSING TOTAL: \$ _____

MONTHLY EXPENSES: OTHER

1. Grocery (include food, laundry & cleaning products, toiletries, etc.)	\$
2. Gasoline & Oil	\$
3. Car Repairs	\$
4. Insurance (Life/Auto/Renter's)	\$
5. Medical (not covered by insurance)	\$
6. Clothing	\$
7. Internet/Cable/TV Subscription	\$
8. Other: _____	\$

OTHER TOTAL: \$ _____

MONTHLY DEBT PAYMENTS (Do not list expenses previously listed in Section A. Attach additional pages if needed.)

To Whom Paid (Write the name(s) account is under)	Purpose/Security (For car loans, write model & who drives it)	Monthly Payment	Total Balance Due
		\$	\$
		\$	\$
		\$	\$

MONTHLY DEBT PAYMENTS TOTAL: \$ _____

GRAND TOTAL MONTHLY EXPENSES: \$ _____

Affiant states that the information contained herein and attached hereto, is complete and accurate to the best of his/her information, knowledge, or belief under penalty of law.

☐ Signature of Affiant Plaintiff/Petitioner 1
☐ Signature of Affiant Defendant/Petitioner 2

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

Notary Public Signature

My Commission Expires: _____

Signature of Attorney for _____

Address

Address

Phone #

Supreme Court #

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

Plaintiff/Petitioner 1

CASE NO. _____
JUDGE MARTIN

vs./and

Defendant/Petitioner 2

POVERTY AFFIDAVIT
APPROVAL

The court hereby approves the filing of a Poverty Affidavit in lieu of the security deposit for court costs. Costs may be assessed at a later date by Court Order.

APPROVED.

JUDGE CYNTHIA MARTIN

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

Plaintiff/Petitioner 1

CASE NO. _____

JUDGE MARTIN

vs./and

Defendant/Petitioner 2

POVERTY AFFIDAVIT
ACKNOWLEDGEMENT

I, _____, hereby acknowledge that the Court may approve a waiver of the deposit for the filing fee upon the filing of a Poverty Affidavit on my behalf. I understand I may not be required to pay a full or partial deposit for the court costs and could be required to pay a partial deposit before my action is filed by the Clerk of Courts when the Court considers my application. I also understand that the court costs **will be** assessed at the conclusion of my case, and the Court may order me to pay all, or a portion, of these costs. I understand that the waiver of the deposit for the court costs does not mean these costs are waived.

(Signature of Requestor)

Printed Name: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____