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_____ Plaintiff Case No. _____

_____ Defendant

Name: _____ SS#: _____ DOB: _____ Phone #: _____

Address: _____ State: _____

WARNING: This document is an official Court Document. You are making this affidavit under oath. FALSE STATEMENTS are potentially perjury, and may subject you to criminal penalties.

OTHER PERSONS LIVING IN HOUSEHOLD

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

MONTHLY INCOME / EMPLOYMENT INFORMATION

GROSS INCOME (before taxes)	SELF	SPOUSE	HOUSEHOLD MEMBERS	TOTAL
Employment				$0.00
Unemployment				$0.00
Workers' Comp				$0.00
Pension				$0.00
Social Security				$0.00
Child Support				$0.00
ADC				$0.00
Disability				$0.00
Other				$0.00
				$0.00
TOTAL	$0.00	$0.00	$0.00	$0.00

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 and Juvenile Branch 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 the security for costs is only being deferred, and I will be required to pay the costs associated with this action at a later date.

This affidavit is made in accordance with O.R.C. 2323.31 and in conformity with an order of the Domestic Relations Division and Juvenile Branch 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

_____
Judge / Magistrate Initials

This approval expires:* _____

** 30 days from timestamp unless otherwise specified.*

(e5145/4800 7-2016)