

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

Table with 5 columns: GROSS INCOME (before taxes), SELF, SPOUSE, HOUSEHOLD MEMBERS, TOTAL. Rows include Employment, Unemployment, Workers' Comp, Pension, Social Security, Child Support, ADC, Disability, Food Stamps, Other, and TOTAL.

AFFIDAVIT OF INDIGENCY

STATE OF OHIO
COUNTY OF FRANKLIN, ss:

_____ being first sworn, deposes and says that (s)he is a part y in the above entitled cause; that said cause is brought in the Domestic Relations Division and Juvenile Branch of the Common Pleas Court of F ranklin 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 accr ue; 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
A

Judge / Magistrate Initials

This approval expires: _____