

**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**

Name: \_\_\_\_\_,

CASE NO. \_\_\_\_\_

Address: \_\_\_\_\_

**JUDGE MARTIN**

DOB: \_\_\_\_\_

**MAGISTRATE \_\_\_\_\_**

**PLAINTIFF/PETITIONER 1**

vs.

Name: \_\_\_\_\_,

**AFFIDAVIT OF FINANCIAL**

Address: \_\_\_\_\_

**DISCLOSURE**

DOB: \_\_\_\_\_

**DEFENDANT/PETITIONER 2**

**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. \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

<b>PLAINTIFF/PETITIONER 1'S INCOME</b>		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
<b>A. GROSS YEARLY INCOME FROM EMPLOYMENT</b>		
Base Yearly Wages	\$ _____	
<b>B. OTHER YEARLY INCOME</b>		
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	\$ _____	
<b>C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)</b>		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
<b>TOTAL YEARLY INCOME FROM ALL SOURCES</b> (A + B + Average of C)		\$ _____

<b>DEFENDANT/PETITIONER 2'S INCOME</b>		Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name: _____		
<b>A. GROSS YEARLY INCOME FROM EMPLOYMENT</b>		
Base Yearly Wages	\$ _____	
<b>B. OTHER YEARLY INCOME</b>		
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	\$ _____	
<b>C. OVERTIME, COMMISSION, AND BONUSES (Past 3 Year History; Year 3 is Most Recent)</b>		
Year 1, 20____ \$ _____	Year 2, 20____ \$ _____	Year 3, 20____ \$ _____
<b>TOTAL YEARLY INCOME FROM ALL SOURCES</b> (A + B + Average of C)		\$ _____

## 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.

<b>Source:</b>	<b>Value: \$</b>
<b>Source:</b>	<b>Value: \$</b>

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

<b>MINOR AND/OR DEPENDENT CHILDREN OF THIS MARRIAGE</b>		
<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>Child Resides With:</b>

<b>INFORMATION REGARDING CHILDREN NOT OF THIS MARRIAGE</b>		
	<b>Plaintiff/Petitioner 1</b>	<b>Defendant/Petitioner 2</b>
Number of Other Biological or Adopted Minor Children NOT of this marriage, NOT stepchildren		
Spousal Support Paid to a Former Spouse	\$	\$

<b>CHILD CARE EXPENSES</b>	
Does either party pay employment or school-related child care expenses for the minor child(ren) of this marriage?	
Plaintiff/Petitioner 1	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Defendant/Petitioner 2	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

<b>HEALTH INSURANCE Group Health Insurance Available for Dependent Children</b>	
Are your children currently enrolled in a low-income, government-assisted health care program (Medicaid/CareSource)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either party enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Neither
If neither party is enrolled, is health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the available insurer cover primary services within 30 miles of the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If a party is enrolled in a health insurance plan through a group or individual insurance plan:</b>	
Name of Party Providing Health Insurance: _____	
Employee Cost for Insurance: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Type of Coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
<b>*If health insurance is provided, attach a copy of the front and back of the insurance card</b>	

## 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: \_\_\_\_\_