### FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

# IN THE COURT OF COMMON PLEAS DIVISION COUNTY, OHIO CASE NO. Plaintiff, JUDGE STINANCIAL DISCLOSURE / FEEWAIVER AFFIDAVIT AND ORDER

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.

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	Personal II	ıformatio	n			
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 I	iving in	Your Household			
First Name	Last Name	5.00	erson a child	Relationship (Spouse or Child)		
		□Yes	□ No			
		□Yes	☐ No			
		□Yes	□No			
	Public	Benefits				
I receive the following public exceed 187.5% of the federal	· -	come, inc	luding the cash b	penefits marked below, does not		
Place an "X" next to any bene	efits you receive.					
		eterans Pe	ension Benefit <sup>4</sup> :	SNAP / Food Stamps <sup>5</sup> :		
	Monthl	y Income				
I am NOT able to access my						
	Applicant		ouse (If Living Household)	Total Monthly Income		

<u></u>						
Gross Monthly Employment Inc	ome,					
including Self-Employment Inco						
(Before Taxes)	8		s	\$		
Unemployment, Worker's Comp	nensation					
Spousal Support (If Receiving)	s s		<b>\\$</b>	\$		
spousar support (If Receiving)		T 1	MONTHLY INCOME	\$		
				9		
Terror	Liqu		ssets			
Type of Asset		Estimated Value				
Cash on Hand \$						
Available Cash in Checking, Savings, Money Market Accounts  \$						
Stocks, Bonds, CDs		\$				
Other Liquid Assets		\$				
Other Enquir 7135cts	Total Liquid Assets	_				
		_	xpenses			
Column A				Column B		
Type of Expense	Amount		Type of Expense		Amount	
Rent / Mortgage / Property Tax /			Insurance (Medical, D	ental,		
Insurance	\$		Auto, etc.)		\$	
Food / Paper Products/Cleaning Products/Toiletries			Child or Spousal Supp	ort that	•	
Products/Toffetnes	\$		You Pay Medical / Dental Expenses or		\$	
Utilities (Heat, Gas, Electric,			Associated Costs of Car			
Water / Sewer, Trash)	\$	Sick or Disabled Family Member		\$		
Transportation / Gas	\$		Credit Card, Other Loans		\$	
Phone	\$			\$		
Child Care	\$	Other (e.g. garnishments)		\$		
Total Column A Expenses	\$	Total Column B Expenses		\$		
TOTAL M	IONTHLY EXPENSI	ES (C	Column A + Column B)			
I,		here	by certify that the info	ormation 1	I have provided on	
(Print Name)					_	
this financial disclosure form is	s true to the best of	my l	knowledge and that I a	am unable	to prepay the costs	
or fees in this case.		•	C			
		Si	gnature			
NOTARY PUBLIC:						
Sworn to before me and signed	l in my presence this	S	day of		, 20 ,	
Sworn to before me and signed in my presence this day of, 20, in County, Ohio.						
-						
			Notary Public (S	ignature)		
			•			
	*					
			Notary Public (P.	rinted)		
			My Commission expires:			
If available, an individual duly	authorized to admir	niste	er this oath at the Clerk	k of Cour	t's Office will do so	
at no cost to the Applicant.						
* *						

# <u>ORDER</u>

	Upon the request of the Applicant and the Court's review, the Court indigent litigant and <b>GRANTS</b> a waiver of the prepayment of costs to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding under division (B)(1) of this section, the clerk of the court shall acceproceeding for filing.	or fees in this matter. Pursuant ng and the affidavit of indigency
	Upon the request of the Applicant and the Court's review, the Court an indigent litigant and <b>DENIES</b> a waiver of the prepayment of cost Applicant is granted thirty (30) days from the issuance of this Order deposit or security. Failure to do so within the time allotted may restilling.	ts or fees in this matter.  to make the required advance
IT	IS SO ORDERED	
Jud	ge / Magistrate	Date

[Effective: April 15, 2020.]

# Thank you for using Ohio Legal Help!

This page will walk you through the process of filing this form.

### What this file contains

This file contains the form you will need to file a **poverty affidavit in Ohio.** This form can be used in any common pleas, municipal or county court in Ohio. The court will use the information on your form to decide if you qualify to file in court without paying fees upfront.

In Ohio, the law says that anyone whose income before taxes is at or below 187.5% of the federal poverty level and whose monthly expenses equal or exceed their liquid assets qualifies to file in court without paying fees upfront. It also says that the court has discretion to grant a waiver to others depending on the circumstances.

If you believe that you are unable to pay your court costs upfront, you can file the Poverty Affidavit. If the court rejects your application, you will be asked to pay the fees within 30 days or your case will be dismissed.

Here's what to do next.

### Step 1. Fill in the last four digits of your social security number on the first page

To protect your privacy, we do not ask for that information in the Form Assistant interview. You can add it to the final PDF before you print it, or write it in by hand after you print it.

### Step 2. Take the form to a notary

Print out the form, but don't sign anything yet. You will need to sign it in front of a notary. The notary will check your identification, watch you sign and stamp where needed with an official seal. You can find notaries at banks and some courthouses and libraries, or search for "notaries near me" on Google. You may be able to get the form notarized at the clerk of court's office or at your court's self-help center, if they have one.

### Step 3. Make photocopies

After the notary stamps your documents, make at least one photocopy for your records.

# Step 4. File

Take the form to clerk's office to be filed, along with the rest of the paperwork that you are filing for your legal matter.

## **APPENDIX**

# 2025 FEDERAL POVERTY LIMIT (FPL)

Persons in family/ household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$15,650	\$1,304	\$29,344	\$2,445
2	\$21,150	\$1,763	\$39,656	\$3,305
3	\$26,650	\$2,221	\$49,969	\$4,164
4	\$32,150	\$2,679	\$60,281	\$5,023
5	\$37,650	\$3,138	\$70,594	\$5,883
6	\$43,150	\$3,596	\$80,906	\$6,742
7	\$48,650	\$4,054	\$91,219	\$7,602
8	\$54,150	\$4,513	\$101,531	\$8,461

R.C. 2323.311(B)

- (4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filling of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filling of the civil action or proceeding.
- (6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

<sup>&</sup>lt;sup>1</sup>Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

<sup>&</sup>lt;sup>2</sup>SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2024 FBR: \$967 monthly for single disabled individual; \$1,450 monthly for disabled couple (20 CFR 416.1100)

<sup>&</sup>lt;sup>3</sup>Medicaid Income Limit: Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A) (i)(VIII)) Aged, Blind or Disabled: \$967 for single person; \$1,450 for disabled couple

<sup>&</sup>lt;sup>4</sup>Veterans Pension Benefit Income Limit: \$16,551 annually / \$1,379 monthly for a single person; \$21,674 annually / \$1,806 monthly for a veteran with one dependent

<sup>&</sup>lt;sup>5</sup>Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/ nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)