



APPLICATION FOR FILING FEE PAYMENT PLAN

The Summit County Juvenile Court requires that a filing fee be paid in certain instances.

The worksheet and Pro Se Motion provided in this packet is a request to be placed on a filing fee payment plan.

If your request for payment plan is approved, a fee of \$15 (per child) will be assessed and must be paid at the time of filing.

FINANCIAL DISCLOSURE FORM

(\$25.00 application fee may be assessed—see notice on reverse side)

I. PERSONAL INFORMATION

Applicant's Legal Name		Applicant's Preferred Name and Pronoun			D.O.B.
Mailing Address				City	
State	Zip Code	Case No.	Phone	Cell Phone	
SSN Last 4	Gender	Race (double-click to de-select)			
		American Indian or Alaska Native Spanish or Latino	Asian White	Black or African American Other	Native Hawaiian or Pacific Islander

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: ____ SSI: ____ SSD: ____ Medicaid: ____ Poverty Related Veterans' Benefits: ____ Food Stamps: ____

Refugee Settlement Benefits: ____ Incarcerated in state penitentiary: ____ Committed to a Public Mental Health Facility: ____

Other (please describe): _____ Juvenile: ____ (if juvenile, please continue at Section VIII)

IV. INCOME AND EMPLOYER

	Applicant	Spouse <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income	\$	\$	\$
Unemployment, Worker's Compensation, Child Support, Other Types of Income	\$	\$	\$
TOTAL INCOME			\$

Employer's Name: _____ Phone Number: () _____ - _____

Employer's Address: _____

V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	\$	Telephone	\$
Child Care (if working only)	\$	Transportation / Fuel	\$
Insurance (medical, dental, auto, etc.)	\$	Taxes Withheld or Owed	\$
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	\$	Credit Card, Other Loans	\$
Rent / Mortgage	\$	Utilities (Gas, Electric, Water / Sewer, Trash)	\$
Food	\$	Other (Specify)	\$
EXPENSES	\$	EXPENSES	\$

VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.

If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

**IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
SUMMIT COUNTY, OHIO**

IN RE: _____)

CASE NO. _____

D.O.B: _____)

JUDGE LINDA TUCCI TEODOSIO

MAGISTRATE _____

**MOTION FOR FILING FEE
PAYMENT PLAN**

I, _____ do hereby request permission to submit a pleading for filing without full pre-payment of the filing fee of \$_____. I understand that if I do not qualify for indigency status, I must pre-pay the full filing fee. At this time, and as verified by the attached Affidavit of Indigency and Financial Disclosure Form, I am only able to pre-pay the sum of \$_____. I commit to paying the remainder of the filing fee on the following schedule: \$_____ per _____.

Respectfully submitted,

Signature

Printed name