

IN THE JUVENILE COURT OF MIAMI COUNTY, OHIO

In the Matter of: _____

Case no: _____

(child's name)

(child's address)

Application For Waiver of Filing Fees

Child's date of birth: _____

IMPORTANT

YOU ARE SIGNING THIS REQUEST UNDER PENALTY OF PERJURY. YOU MUST ANSWER TRUTHFULLY, ACCURATELY, AND COMPLETELY. You must inform the court within 5 days if your finances improve or if you become able to pay the fees during this case. You may be ordered to repay any amounts that were received after your eligibility came to an end.

1. Your full name: _____ Date: _____

2. Address: _____

3. Telephone number: _____

4. Please list all the people who live with you at the above address, their relationship to you, and their source of any income:

Name	Relationship	Source of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What is your occupation? _____

6. Name and address of employer: _____

7. Hourly rate of pay \$ _____ Number of hours per week _____

Amount of pay before taxes \$ _____ [] weekly [] biweekly

8. For each household member listed in Number 4, list the following:

- Name and address of employer: _____

Hourly rate of pay \$ _____ Number of hours per week _____

Amount of pay before taxes \$_____ []weekly []biweekly

- Name and address of employer:_____

Hourly rate of pay \$_____ Number of hours per week _____

Amount of pay before taxes \$_____ []weekly []biweekly

- Name and address of employer:_____

Hourly rate of pay \$_____ Number of hours per week _____

Amount of pay before taxes \$_____ []weekly []biweekly

- Name and address of employer:_____

Hourly rate of pay \$_____ Number of hours per week _____

Amount of pay before taxes \$_____ []weekly []biweekly

9. List the source and amount of **ANY other income FOR YOUR HOUSEHOLD** each month, including spousal support, child support, retirement, social security, disability, housing assistance, food stamps, unemployment, worker's compensation, cash assistance, etc.

	Source	Amount per month
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____

10. Your monthly expenses:

- a. Rent or house payment (only the amount you actually pay) \$ _____
 - Amount of any housing assistance received \$ _____
(HUD, Metropolitan Housing, etc.)
- b. Food (only the amount actually paid) \$ _____
 - Amount of any food stamps/ cash assistance \$ _____
- c. Utilities \$ _____
- d. Telephone/cable/satellite \$ _____
- e. Credit card payments \$ _____
- f. Child support actually paid, not the ordered amount \$ _____
- g. Spousal support paid \$ _____

h. Other monthly expenses

i. _____ \$ _____
ii. _____ \$ _____

1. Assets:

i. Bank Accounts current balance \$ _____
j. Vehicle value \$ _____
k. Other property value \$ _____

OATH OR AFFIRMATION

I, _____, being duly sworn, say:

1. I am financially unable to pay the required filing fee in this matter without substantial hardship on me or my household.
2. I understand that I must inform the court within 5 days if my financial situation changes and I am able to pay the required filing fee.
3. I understand that I am under an obligation to notify the court of any changes in the information contained in this application.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application.
5. I hereby certify that the information I have provided on this application is true to the best of my knowledge.

MUST BE SIGNED IN FRONT OF NOTARY

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 201__, County of Miami, State of Ohio.

Notary's signature

MAGISTRATE'S USE ONLY

[] The applicant meets the criteria for waiver of filing fees. The clerk shall process the filings without payment of fees.

[] The applicant does **NOT** meet the criteria for the waiver of fees. **Applicant shall have 14 days from the denial of this application to waive the filing fees in which to pay the \$_____ per child filing fee. IF THE FEE IS NOT PAID IN A TIMELY MANNER, THE MOTION SHALL BE RETURNED WITHOUT FURTHER COURT ACTION.**

[] This matter is set for hearing on the ____ day of _____, 201__ at _____m. **Applicant must bring documents to verify the information contained in this application. Failure to appear will result in a denial of the request to waive filing fees.**

Reviewed:_____

Date:_____