

In The Court of Common Pleas, Lucas County, Ohio
Juvenile Division

Case Number: _____

**MOTION FOR WAIVER OF FILING FEES/
COSTS AND AFFIDAVIT OF INDIGENCY**

IN THE MATTER OF:

1. _____
Child's Name

DOB Last 4 Digits of SS #

2. _____
Child's Name

DOB Last 4 Digits of SS #

Petitioner's Name

Respondent's Name

DOB Last 4 Digits of SS #

DOB Last 4 Digits of SS #

Street Address

Street Address

City, State, Zip

City, State, Zip

Instructions: This form is used to request to be found indigent and waive payment of filings fees. An Affidavit of Indigency MUST be filed with this Motion.

Now comes _____ (*your name*) pursuant to §2323.31 and §2323.311 of the Ohio Revised Code, who moves this Court for an Order finding them to be indigent and waiving the required filing fees/costs.

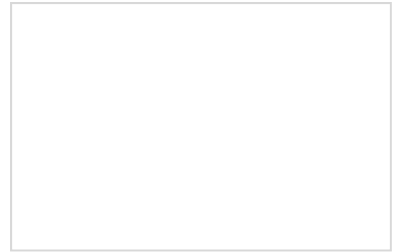
The attached **Affidavit of Indigency** is a sworn statement of my true income, assets and expenses, including the names and ages of the persons whom I have a legal duty to support. I understand that in making their determination, the Court will review the information provided by me in the Affidavit. If I am not found to be indigent, I will be notified by the Court and required to pay the filing fees/costs **before** my hearing will be scheduled. If I do not make the required payment within thirty (30) days, my filing will be dismissed and in order to have my case heard, I will need to file a new pleading.

Wherefore, the undersigned hereby moved this Court to grant an Order finding them to be indigent and waiving the required filing fees/costs pursuant to ORC §2323.311.

Respectfully Submitted,

Signature

Printed Name



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**ORDER REGARDING WAIVER OF FILING
FEES/COSTS**

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ORDER REGARDING WAIVER OF APPLICATION FEE

Motion for Waiver of Filing Fees/Costs due to indigent finding pursuant to §2323.31 and §2323.311 of the Ohio Revised Code filed on _____ is hereby:

- GRANTED** (Fee is WAIVED) – Applicant's income falls at or below the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall schedule the underlying matter for hearing.**
- DENIED** – Applicant's income is above the standards set forth by the Ohio Revised Code in regard to indigent litigants. **The Clerk shall send copy of this order to the requesting party. The requesting party will have thirty (30) days from the date of this order to pay the required fees/costs. Failure to pay the required fees/costs within the thirty (30) days will result in the automatic dismissal of the pleading.**

It is so **ORDERED**.

Judge/Magistrate Date

JOURNALIZED THIS DATE _____ ELECTRONICALLY

AFFIDAVIT OF INDIGENCY FORM- MOTION FOR WAIVER OF FILING FEES/COSTS

Pursuant to O.R.C. 2323.311(B) (1), this form requests substantially the same information as the Ohio Public Defender Financial Disclosure form (ODP-206R).

| I. PERSONAL INFORMATION | | | |
|-------------------------|--------|---|-------------------|
| Applicant's Name | | | D.O.B. |
| Mailing Address | | City | State Zip Code |
| Case No. | | Phone | Cell Phone |
| SSN Last 4 | Gender | Race (place an 'X' by all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other | |

| II. APPLICANT'S DEPENDENTS | | | | | |
|----------------------------|--------|--------------|------|--------|--------------|
| Name | D.O.B. | Relationship | Name | D.O.B. | Relationship |
| 1) | | | 3) | | |
| 2) | | | 4) | | |

| III. PRESUMPTIVE ELIGIBILITY |
|---|
| <p>Waiver of filing fee is presumed if the applicant meets any of the qualifications below. (place an 'X' by all that apply)</p> <p> <input type="checkbox"/> Ohio Works First / TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Medicaid <input type="checkbox"/> Poverty Related Veterans' Benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> Refugee Settlement Benefits <input type="checkbox"/> Incarcerated in state penitentiary <input type="checkbox"/> Committed to a Public Mental Health Facility <input type="checkbox"/> Juvenile </p> <p style="text-align: center;">Documentation must be submitted showing receipt of above-mentioned benefits dated within the past thirty (30) days</p> |

| IV. INCOME AND EMPLOYER | |
|---|-----------|
| 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 | Monthly Amount | Type of Expense | Monthly 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) | \$ |
| Sum of TOTAL EXPENSES | | | \$ |

| VII. DETERMINATION OF INDIGENCY |
|--|
| <p>If applicant's Total Income in Section IV is equal to or less than 187.5% of the Federal Poverty Guidelines, and if the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets listed in Section V, or if Applicant is presumptively eligible, the filing fee will be waived. The Court has discretion to grant the waiver when Applicant's expenses are greater than income and assets.</p> |

VIII. APPLICANT CERTIFICATION

Now comes Applicant, _____, (insert name) and states the following:

1. I am financially unable to pay the court fees/costs associated with my pleading without substantial hardship.
2. I understand that I must inform the Juvenile Clerk's Office if my financial situation should change before the disposition of the case for which this application is being submitted.
3. I understand that if it is determined by the court that a waiver of court fees/costs should not have been permitted, that I will be required to pay the court fees/costs.
4. I understand that if it is determined that false information was provided on this form, I may be subject to criminal charges for providing false financial information in connection with this Motion for Waiver of Filing Fees/Costs pursuant to Ohio Revised Code section 2921.13.
5. I hereby certify that the information I have provided on this **Motion for Waiver of Filing Fees/Costs and Affidavit of Indigency** is true to the best of my knowledge.

Signature

Date

IX. JUDICIAL REVIEW

Section IV - Total Income: \$ _____ Applicant Household Size: \$ _____

Section V - Liquid Assets: \$ _____ Section VI - Monthly Expenses: \$ _____

**Ohio Public Defender
2025 Indigent Client Eligibility Guidelines
All figures based on gross income**

187.5% of the Federal Poverty Level Guidelines

| Family Size | Annual Income | Monthly Income | Bi-Weekly Income | Weekly Income |
|------------------------|---------------|----------------|------------------|---------------|
| 1 | \$ 29,334.00 | \$ 2,445.00 | \$1,129.00 | \$ 564.00 |
| 2 | \$ 39,656.00 | \$ 3,305.00 | \$1,525.00 | \$ 763.00 |
| 3 | \$ 49,969.00 | \$ 4,164.00 | \$1,922.00 | \$ 961.00 |
| 4 | \$ 60,281.00 | \$ 5,023.00 | \$2,319.00 | \$ 1,159.00 |
| 5 | \$ 70,594.00 | \$ 5,883.00 | \$2,715.00 | \$ 1,358.00 |
| 6 | \$ 80,906.00 | \$ 6,724.00 | \$3,112.00 | \$ 1,556.00 |
| 7 | \$ 91,329.00 | \$ 7,602.00 | \$3,508.00 | \$ 1,754.00 |
| 8 | \$ 101,531.00 | \$ 8,461.00 | \$3,905.00 | \$ 1,953.00 |
| Each Additional | \$ 10,313.00 | \$ 859.00 | \$397.00 | \$ 198.00 |

- Applicant's Total Income is equal to or less than 187.5% of the Federal Poverty Guidelines, and Applicant's monthly expenses are equal to or in excess of the Applicant's liquid assets listed in Section V, and/or Applicant is presumptively eligible in line with Section III, thus, **the filing fee associated with this pleading is waived. Applicant's Motion for Waiver of Filing Fees/Costs is granted.**
- Applicant's Total Income is more than 187.5% of the Federal Poverty Guidelines, and/or Applicant's monthly expenses are less than the Applicant's liquid assets listed in Section V, therefore, **the filing fee associated with this pleading must be paid. The clerk will retain the filing of the action or proceeding. Applicant's Motion for Waiver of Filing Fees/Costs is denied. Applicant is granted 30 days to pay the court fees/costs. Failure to pay the required fees/costs within thirty (30) days will result in the automatic dismissal of the pleading.**

Lucas County Juvenile Clerk's Office

1801 Spielbusch Avenue, Toledo, OH 43604

(419) 213-6744

www.co.lucas.oh.us/juvenile

Hours: Monday - Friday

8:30 am to 4:30 pm

(excluding Federal legal holidays)

FREE CLINIC

The Free Clinic is held at Lucas County Juvenile Court on the **1st & 3rd Thursday** of every month (excluding Federal legal holidays). The Clinic runs from **11:00 am to 1:00 pm**. No Appointment is required. Report to the 1st Floor Information Desk.

NO WALK-INS WILL BE TAKEN AFTER 12:30 PM.

Toledo Bar Association Volunteers (local attorneys) will assist you with filling out any required court paperwork.

All Lucas County Juvenile Court forms can be found online at

<https://www.co.lucas.oh.us/1831/Forms-Filing-Various-Filing-Instructions>.

Completed forms can be submitted by email at LCJCFilings@co.lucas.oh.us

DO NOT SIGN YOUR PAPERWORK BEFORE PRESENTING IT TO THE JUVENILE CLERK'S OFFICE

Document(s) Needed:

- CSEA Administrative Order of Child Support (Paternity)** - Available from LCCSEA, 3737 W. Sylvania Avenue, Toledo, Ohio 43623, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)
- Paternity Affidavit** filed with the Ohio Paternity Registry (1-888-810-6446)
- Prior Court Order** establishing paternity.
- Account Summary (Arrearage Statement)** - Available from LCCSEA, 3737 W. Sylvania Avenue, Toledo, Ohio 43623, Hours: Monday - Friday, 8:30 am to 4:30 pm (Documents must be obtained from CSEA, or printed from a CSEA online account within the last 30 days)