

****This Fee Waiver Affidavit must be filed with an accompanying Motion or Complaint/Application****



CUYAHOGA COUNTY JUVENILE COURT Civil Fee Waiver Affidavit (aka "Indigency") Form

Do I qualify as Indigent?

If your annual income is ***AT OR BELOW 187.5% the federal poverty guidelines below*** you may qualify to have the advance deposit requirement for your filings with the Clerk's Office waived. This means you may be able to file your documents without paying for them at the time of filing.



2024 Poverty Guidelines

The Indigency Program applies to individuals living at or below 187.5% of the federal poverty level.

SIZE OF FAMILY UNIT	187.5% of POVERTY GUIDELINES
1	\$28,238
2	\$38,325
3	\$48,413
4	\$58,500
5	\$68,588
6	\$78,675
7	\$88,763
8	\$98,850
For families/households with more than 8 persons, add \$10,088 for each additional person.	

How do I apply for Indigency status with the Court?

Fill out and file this document at the same time you file your first application/complaint OR post dispositional motion. Make sure to have your ID ready if you need a Court Clerk to notarize your signature. ***Filing this document will not delay the processing of your filing.***

What happens after I file for Indigency?

The Clerk's Office will not require you pay for your filings at the time that you file them with the Clerk's Office. However, you may still be required to pay for your filings at a later date. Ultimately the Magistrate or Judge who is hearing your case will determine if you qualify as indigent. ***You will receive a decision*** in the mail whether you are or are not indigent and any next steps.

CIVIL FEE WAIVER AFFIDAVIT

**IN THE CUYAHOGA COUNTY COMMON PLEAS COURT
JUVENILE DIVISION**

IN RE:)
Child's Name/DOB: _____)
Child's Name/DOB: _____)
Child's Name/DOB: _____)

CASE NO.
JUDGE

**FINANCIAL DISCLOSURE / FEE-
WAIVER 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.

Personal Information			
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 Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines. Place an "X" next to any benefits you receive. Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
(Print Name)
this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20_____,
in _____ County, Ohio.

Notary Public (Signature)

Notary Public (Printed)
My Commission expires: _____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.
