

IN THE COURT OF COMMON PLEAS
COUNTY OF SUMMIT

_____)	CASE NO. CV _____
_____)	
_____)	
)	
Plaintiff)	
)	JUDGE _____
-vs-)	
)	
_____)	
_____)	
_____)	<u>POVERTY AFFIDAVIT</u>
)	
Defendant)	

- - -

Now comes, _____, Affiant, in the above case,
after being duly sworn, says that:

1. I am financially unable to make a cash deposit or filing fee in this action and that my financial inability to make such cash deposit is due to:

2. I further state that in the last 12 months, I have worked for the following (names and addresses required): (If unemployed at this time, state "UNEMPLOYED.")

3. I further state that I have received past public assistance in the previous twelve (12) months from: (If none, state "NONE.")

4. I further state that I have bank balances (savings accounts, CD's, checking accounts and/or IRA and stocks or bonds) as set forth below: (State the entity, type of account maintained and the approximate balance.)

5. The number and ages of dependents residing with me, and for whom I am responsible:

6. I own the following real estate (even if there is a lien):

7. I own the following motor vehicles (even if there is a lien):

8. I further understand that this Poverty Affidavit only waives filing fees as required by the court in this matter, and that, upon the conclusion of this matter, I may be responsible for paying any court costs.

9. I also understand that if I provide any false information in this Poverty Affidavit, I may be found in contempt of court, and/or a criminal action may be initiated for falsifying this document.

NOTE: USE THE REVERSE SIDE OF THESE PAGES, IF ADDITIONAL ROOM IS REQUIRED.

Date

Signature of Affiant

Print Name of Affiant

Address/Phone Number of Affiant

Date of Birth of Affiant

On _____ day of _____, 200___, in Akron, Summit County, State of Ohio, before me appeared the said _____ who, first being duly sworn, said the above information is accurate and truthful to the best of the Affiant's knowledge and belief.

NOTARY PUBLIC / DEPUTY CLERK

I, Attorney _____, as an officer of the court, hereby certify that the above Affiant has paid no attorney's fees to me in this matter, or has caused others to pay attorney's fees on his/her behalf in this matter, nor have I received any other item of value in this matter for either me and/or my firm to serve as counsel for this party.

Date

Signature of Attorney

Print Name of Attorney

Address/Phone Number of Attorney

Bar Number of Attorney

This Affidavit was reviewed by _____ on the _____ day of _____, 200___ and is **approved / not approved** for filing with the Clerk. (Circle which one)

If not approved, the Court orders a hearing on this matter shall be held on

_____, 200___ at _____ a.m./p.m.