

IN THE PROBATE COURT OF CLARK COUNTY, OHIO  
APPLICATION FOR INDIGENCY

<b>Applicant's Name</b>	<b>Case No.</b>	<b>D.O.B.</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>
	<b>Zip</b>	<b>Phone</b>

Other Persons Living in Household: \_\_\_\_\_ List the Name, age, and relationship

\_\_\_\_\_

\_\_\_\_\_

**Monthly Income/Employment Information**

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Disability				
Other				

Employer's Name (for all household members)

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, say:

1. I am financially unable to pay the court costs without substantial hardship to my family or me.
2. I understand that I must inform the court if my financial situation should change before the disposition of my case.
3. I understand that if it is determined by the county, or by the Court, after waiving the court costs provided for me that I was **not** entitled, I may be required to reimburse the county for these fees.
4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
Notary's Signature  
Expiration Date: \_\_\_\_\_

Monthly Income Guidelines for number of household members:

1 member \$1,135.00    2 members \$1,533.00    3 members \$1,930.00    4 members \$2,329.00    5 members \$2,726.00  
6 members \$3,124.00    7 members \$3,523.00    8 members \$3,891.00    Add \$398.00 for each additional family member

Number in Family \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

Judge's Approval: \_\_\_\_\_