

In the Municipal Court of Toledo, Lucas County, Ohio  
**Poverty Affidavit**

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
Plaintiff )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
Defendant )

Case No. \_\_\_\_\_

Applicant respectfully moves this Court to waive the payment of costs herein because applicant lacks financial resources to pay filing fees and is otherwise unable to file.

Respectfully Submitted,

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Applicant

**AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, state that I am the applicant herein and that I am unable to pay the costs of this action. The following is a true statement of my assets and liabilities and those of my spouse where applicable.

Section I. Personal Information			
Name		DOB	
Mailing Address	City	State	Zip

Section II. Other Persons Living in Household	
1) Name	Relationship
2) Name	Relationship
3) Name	Relationship
4) Name	Relationship

Section III. Employer(s)	
Employer's Name	Phone Number
Employer's Address	
City, State	Zip

Additional Employer's Name	Phone Number
Employer's Address	
City, State	Zip

Section IV. Income			
	Applicant	Spouse	Total
Gross Monthly Income			
Unemployment & Worker's Compensation			
Child Support			
SSI & SSDI			
Ohio Works First / TANF			
Veteran's Benefits			
Refugee Settlement Benefits			
<b>Total Income</b>			

Section V. Assets	
Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	
Stocks, Bonds, CDs	
Other Liquid Assets and Cash on Hand	
<b>Total Liquid Assets</b>	

Section VI. Monthly Expenses			
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage		Utilities	
Food		Telephone	
Child Support Paid		Transportation & Fuel	
Child Care		Credit Cards, Other Loans	
Insurance (medical, auto, etc)		Taxes Withheld / Owed	
Medical Expenses		Other (specify)	
<b>Total</b>			

\_\_\_\_\_  
Deputy Clerk or Notary Public

**ORDER**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, applicant brings this action to proceed *In Forma Pauperis*. In reliance upon the representations made by the applicant herein, and those set forth in the above Affidavit, it is hereby **ORDERED** that the applicant may file and prosecute this action without payment of court costs.

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Judge / Magistrate Signature