## IN THE COMMON PLEAS COURT OF MONTGOMERY COUNTY, OHIO DIVISION OF DOMESTIC RELATIONS

|       |           | CASE NO<br>JUDGE:                                      |
|-------|-----------|--|
| DOB:  |           | <u> </u>   |
|       | PLAINTIFF |  |
| VS.   |           |  |
|       |           | <u>POVERTY AFFIDAVIT</u><br>[R.C. 2323.30, 2323.31 and |
| DOB:  |           | - · · · · · · · · · · · · · · · · · · ·                |
|       | DEFENDANT |  |
| ***** | ******    | ***************  |
| l,    |           | being duly sworn, says:                                |

- 1. I am a party in the foregoing action;
- 2. I am without the funds or assets to give security or a cash deposit to secure costs at this time;
- 3. I understand that I must inform the court if my financial situation should change before the disposition of my case;
- 4. I understand that I am subject to criminal charges for providing false information;
- 5. I understand that if it is determined by the court, that I was not entitled to the suspended deposit/costs that were provided to me, I may be required to reimburse the county for the costs.
- 6. I understand that the court will ultimately determine which party will be responsible for the payment of costs in this case, unless costs are waived.

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|     |                          | before  |       | and           | subs   | cribed    | in    | my     | prese           | ence  | this   |              | _ da  | ay of  |
|-----|--------------------------|---------|-------|---------------|--------|-----------|-------|--------|-----------------|-------|--------|--------------|-------|--------|
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       | Notary Public |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
| ATT | ORNEY (                  | CERTIFI | CATIC | ON (r         | equire | d if affi | ant i | s rep  | resent          | ed by | / cour | nsel):       |       |        |
|     | mation av                |         |       |               |        |           |       |        |                 |       |        | / inquir     | y an  | d the  |
|     | ther certif<br>tioned ca |         |       |               |        |           |       | e affi | iant for        | my :  | servic | es in th     | ne al | bove-  |
|     | ther unde                |         |       |               |        |           | nuing | g obli | igation         | to a  | dvise  | the co       | urt o | of any |
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        |                 |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        | NAME            |       |        |              |       |        |
|     |                          |         |       |               |        |           |       |        | 123 NA<br>DAYTO |       |        | TREET<br>402 |       |        |
|     |                          |         |       |               |        |           |       |        | (513) 2         | 22-2  | 222    |              |       |        |
|     |                          |         |       |               |        |           |       | ,      | SUPRE           | EME   | COU    | RT NUI       | MBE   | .R     |