

HAMILTON COUNTY MUNICIPAL COURT
HAMILTON COUNTY, OHIO

STATE OF OHIO : CASE NO. _____
 Plaintiff :
 -vs- : AFFIDAVIT OF INDIGENCY
 :
 _____ :
 Defendant :

After being duly cautioned and sworn, I hereby state the following information is true to the best of my knowledge and belief. I understand I am subject to criminal charges for providing false information.

| | | |
|------|--|-------------------------|
| I. | INCOME | Net Monthly Pay |
| | 1. Employer _____ yrs. ____ mos. ____ Position _____ Spouse's employer _____ | _____ _____ |
| | 2. Alimony/child support received | _____ |
| | 3. Public benefits received (ADC, SS, SSI, WC, etc.) | _____ |
| | 4. Other income (pension, interest, etc.) | _____ |
| | TOTAL INCOME | _____ |
| II. | ASSETS | |
| | 1. Cash on hand \$ _____ | |
| | Cash in bank \$ _____ | |
| | Cash at home \$ _____ | TOTAL CASH _____ |
| | 2. Own motor vehicle Y/N | |
| | Make _____ Year _____ | Value _____ |
| | 3. Own house Y/N How long? _____ | Value _____ |
| | 4. Other property Y/N | Value _____ |
| III. | MAJOR DEBTS | Monthly Payments |
| | _____ | _____ |
| | _____ | _____ |
| IV. | FAMILY COMPOSITION | |
| | 1. Number of persons you are required to support | _____ |
| | 2. Ages of such persons | _____ |
| | 3. Their relationship to you (spouse, child, parent, etc.) | _____ |

I further state I am indigent at this time; unable to pay the expungement application fee in the within matter; and, hereby request an indigency hearing before the Court.

Defendant

Sworn to before me, and subscribed in my presence, this ____ day of _____ 200__.

Deputy Clerk