

IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS/JUVENILE DEPARTMENT
TRUMBULL COUNTY, OHIO

_____ CASE NO. _____

_____ JUDGE _____

MOTION AND POVERTY AFFIDAVIT
(FOR GUARDIAN AD LITEM FEES TO BE PAID BY
THE GUARDIAN AD LITEM FUND)

I, _____, being first duly sworn, state that I am a party in the above-captioned matter, that I have been ordered to pay a deposit in the sum of _____ as a deposit for services for the Guardian Ad Litem, and that I am financially unable to pay the deposit or my share of the Guardian Ad Litem fees ordered to be paid without substantial hardship to me or my family. Accordingly, I hereby request that the requirement that I pay a deposit be waived and that my share of the Guardian Ad Litem fees be paid by the Trumbull County Family Court Guardian Ad Litem Fund. The following information in support of said allegation of poverty is provided:

1. I receive \$ _____ per month in income for a household of _____.

2. The following is my additional financial information:

(a) Number of dependents: _____

(b) Receipt of public assistance:

I receive needs-based, means-tested public assistance: Yes No

If so, I receive the following type and amount: _____

(Examples: TANF, SSI, SSD, Medicaid, Food Stamps, means-tested Veterans' Benefits)

(c) Employment and income information:

Place of employment: _____

Length of time employed: from _____ to _____

Gross monthly income from employment: _____

Total gross income from all sources in the last 26 weeks: _____

(Including Unemployment, Worker's Compensation, child support, spousal support and other types of income)

(d) Any other household income (list source and amount): _____

(e) Financial resources:
Total assets: _____ Cash on hand or on deposit: _____
I own real estate: Yes No If so, fair market value: _____
I own an automobile: Yes No If so, fair market value: _____

(f) Financial obligations:
My basic monthly living expenses are as follows:
Food: _____ Housing: _____ Utilities: _____
Medical expenses: _____ Transportation: _____
Child support paid: _____ Child care (if working): _____
Other (specify): _____

(g) Limitations:
I have the following limitations that impact my ability to secure work, such as disability, homelessness, lack of driving privileges, etc: _____

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 my share of the Guardian Ad Litem fees to be paid from the court fund, I may be required to reimburse the court fund immediately.
6. I hereby represent that the information set forth above regarding my financial condition is true and complete to best of my knowledge, information and belief.

SIGNATURE

Sworn to and subscribed in my presence this _____ day of _____, 20__.

NOTARY PUBLIC

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Motion and Affidavit has been provided to all parties or their counsel of record by regular U.S. Mail sent on the _____ day of _____, 20__.

DATE

TCFC Form A-1

SIGNATURE