IN THE COURT OF COMMON PLEAS **Revised 10/1/06**
DIVISION OF DOMESTIC RELATIONS
MAHONING COUNTY, OHIO

_____	)	**CASE NO.**_____
_____	)	
_____	)	**JUDGE BETH A. SMITH**
EMPLOYER:_____	)	
	)	
PETITIONER/PLAINTIFF	)	
	)	
VS.	)	**POVERTY AFFIDAVIT**
	)	**AND**
_____	)	**ORDER**
_____	)	
_____	)	
EMPLOYER:_____	)	
	)	
PETITIONER/DEFENDANT/RESPONDENT	)	

I, _____, 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 and have completed the requisite Financial Disclosure Form.**
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.**

_____
Affiant

Sworn before me and subscribed in my presence this _____ day of _____, 20___.

_____
Notary Public

ATTORNEY CERTIFICATION (required if affiant is represented by counsel):

I, _____, Attorney at Law, certify that based on my inquiry and the information available to me, the foregoing statements are true; I further certify that I am not being paid by the affiant for my services in the above captioned case OR have agreed to only accept a fee in the amount of $_____. I further understand that I am under a continuing obligation to advise the Court of any change in the financial status of my client.

_____
Attorney

ORDER

Pursuant to ORC 120.36, the $25.00 Application Fee for private appointed counsel shall be:
_____ Paid by the person to the Clerk of Courts.
_____ Waived by the Court due to lack of resources or undue hardship.

_____
MAGISTRATE/JUDGE