

APPENDIX

ATHENS COUNTY, OHIO
COMMON PLEAS COURT

LOCAL RULE 24
DOMESTIC RELATIONS' FORMS

EVICTION FORM AND

ATHENS COMMON PLEAS
CLERK OF COURTS
TABLE OF FEES

ATHENS, OHIO

Effective January 1, 2021

**IN THE COURT OF COMMON PLEAS OF ATHENS COUNTY,
OHIO DOMESTIC RELATIONS DIVISION**

)	CASE NO.
)	
Plaintiff,)	MAGISTRATE BRADFORD
)	
vs.)	
)	<u>FINANCIAL DISCLOSURE / FEE-</u>
)	<u>WAIVER AFFIDAVIT</u>
Defendant.)	<u>AND ORDER</u>

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name	Applicant's Last Name		
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN		
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : ___ SSI ² : ___ Medicaid ³ : ___ Veterans Pension Benefit ⁴ : ___ SNAP / Food Stamps ⁵ : ___			
Monthly Income			
I am NOT able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$		
Available Cash in Checking, Savings, Money Market Accounts	\$		
Stocks, Bonds, CDs	\$		
Other Liquid Assets	\$		
Total Liquid Assets			\$
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$	Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$	Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$	Credit Card, Other Loans	\$
Phone	\$	Taxes Withheld or Owed	\$
Child Care	\$	Other (e.g. garnishments)	\$
Total Column A Expenses	\$	Total Column B Expenses	\$
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, _____, hereby certify that the information I have provided on
 (Print Name)
 this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

 Signature

NOTARY PUBLIC:

Sworn to before me and signed in my presence this _____ day of _____, 20____,
 in _____ County, Ohio.

 Notary Public (Signature)

 Notary Public (Printed)
 My Commission expires: _____

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.

ORDER

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant **IS** an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.

- Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is **NOT** an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020.]

APPENDIX

2020 FEDERAL POVERTY LIMIT (FPL)

Persons in family/household	100% Poverty	100% Poverty Monthly Gross Income	187.5% Poverty	187.5% Poverty Monthly Gross Income
1	\$12,760	\$1,063.33	\$23,925	\$1,993.74
2	\$17,240	\$1,436.67	\$32,325	\$2,693.75
3	\$21,720	\$1,810	\$40,725	\$3,393.75
4	\$26,200	\$2,183.33	\$49,125	\$4,093.75
5	\$30,680	\$2,556.67	\$57,525	\$4,793.75
6	\$35,160	\$2,930	\$65,925	\$5,493.75
7	\$39,640	\$3,303.33	\$74,325	\$6,193.75
8	\$44,120	\$3,676.67	\$82,725	\$6,893.75

R.C. 2323.311(B)

(4) A judge or magistrate of the court shall review the affidavit of indigency as filed pursuant to division (B)(2) of this section and shall approve or deny the applicant's application to qualify as an indigent litigant. The judge or magistrate shall approve the application if the applicant's gross income does not exceed one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio and the applicant's monthly expenses are equal to or in excess of the applicant's liquid assets as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision. If the application is approved, the clerk shall waive the advance deposit or security and the court shall proceed with the civil action or proceeding. If the application is denied, the clerk shall retain the filing of the action or proceeding, and the court shall issue an order granting the applicant whose application is denied thirty days to make the required advance deposit or security, prior to any dismissal or other action on the filing of the civil action or proceeding.

(6) Nothing in this section shall prevent a court from approving or affirming an application to qualify as an indigent litigant for an applicant whose gross income exceeds one hundred eighty-seven and five-tenths per cent of the federal poverty guidelines as determined by the United States department of health and human services for the state of Ohio, or whose liquid assets equal or exceed the applicant's monthly expenses as specified in division (C)(2) of section 120-1-03 of the Administrative Code, as amended, or a substantially similar provision.

¹Ohio Works First Income Limit: 50% FPL (R.C. 5107.10(D)(1)(a))

²SSI Income Limit: cannot have countable income that exceeds the Federal Benefit Rate (FBR). 2019 FBR: \$771 monthly for single disabled individual; \$1157 monthly for disabled couple (20 CFR 416.1100)

³Medicaid Income Limit:

Modified Adjusted Gross Income (MAGI):138% FPL (OAC 5160:1-4-01; 42 USC 1396a(a)(10)(A)(i)(VIII))

Aged, Blind or Disabled: \$791 for single person; \$1177 for disabled couple

⁴Veterans Pension Benefit Income Limit: \$13,535 annually / \$1,127 monthly for a single person; \$17,724 annually / \$1,477 monthly for a veteran with one dependent

⁵Supplemental Nutrition Assistance Program (SNAP) Income Limit: 130% FPL for assistance groups with nondisabled/nonelderly member; 165% FPL for elderly and disabled assistance groups (OAC 5101:4-4-11; Food Assistance Change Transmittal No. 61)

IN THE COURT OF COMMON PLEAS OF ATHENS COUNTY, OHIO

DOMESTIC RELATIONS DIVISION

Name

Address

City, State and Zip Code

Phone Number

Date of Birth

Case No. _____

Judge: _____

Magistrate Melinda K. Bradford

APPLICATION TO DELAY
PAYMENT OF THE REQUIRED
FILING FEE

1. I am financially unable to *prepay* the filing fee on court costs for this action.
2. I understand that postponing the payment of the filing fee ***DOES NOT*** exempt me or excuse me from paying the required filing fee or any other costs incurred in this action.
3. I understand that I may be ordered to make monthly payments in the amount of \$25.00 until the required filing fee is paid in full, unless excused by the Court.
4. I understand that there may be further costs assessed to me at the conclusion of this action, above the required filing fee.
5. I understand that I am required to inform the Court if my financial situation should change before the conclusion of my case.
6. I have read the answers to the questions asked in this form and do hereby state that the answers are true and correct.

Applicant's signature

Date of signing

Magistrate/Judge

APPROVED _____
DENIED _____

SOURCE OF INCOME TO HOUSEHOLD:

WEEKLY – BI-WEEKLY – MONTHLY – YEARLY (circle one)

<u>Source</u>	<u>Self</u>	<u>Spouse/Other</u>
Employment	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Worker's Comp.	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

1. If employed, give name and address of employer:

2. Give name and address of previous employer:

3. If unemployed, for how long? _____

4. If your spouse or live in companion is employed, give name and address of employer:

FINANCIAL ASSETS, PROPERTY AN DEBTS:

1. Do you own or are you purchasing your personal residence, including mobile home?

No _____

Yes _____ Value \$ _____

2. Do you own other real estate?

No _____

Yes _____ Value \$ _____

3. Amount of monthly mortgage payment \$ _____

4. Amount of monthly rent payment \$ _____

5. How long have you lived at your present address? _____

6. Do you have access to any of the following: checking account, bonds, cash, savings?

No _____

Yes _____

Account type

Amount

7. Do you own or are you in the process of purchasing any of the following:

	<u>Yes</u>	<u>No</u>	<u>Description/Value/Payment</u>
Car/Truck	_____	_____	_____
Motorcycle	_____	_____	_____
Camper/RV	_____	_____	_____
Television	_____	_____	_____
DVD Player	_____	_____	_____
Computer	_____	_____	_____
Video Game Console	_____	_____	_____
Stereo	_____	_____	_____
Boat	_____	_____	_____
Tools	_____	_____	_____
Equipment	_____	_____	_____

List all debts you presently owe:

<u>To Whom</u>	<u>Amount</u>	<u>Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Financial Documentation – at a minimum, include federal income tax returns from prior years, plus attachments, paycheck stubs from previous six months, bank statements from previous six months:

6. Names and addresses of witnesses to be called at trial:

Expert	Field of Expertise

Lay Witnesses

7. If allocation of parental rights and responsibilities is contested, statement justifying award:

8. If relevant, suggested child support level and visitation schedule – attach copy of child support computation worksheet per child support guidelines and suggested visitation schedule:
9. If spousal support requested, needs of payee and ability of payor to meet request:

10. Suggested property division:

11. List of personal and real property, including fair market value, appraised value, deeds, legal description, etc.:

12. Estimated length of trial:

Respectfully submitted,

Attorney for _____
Firm
Address
Phone
Fax
Email

PROOF OF SERVICE

I hereby certify that on the ____ day of _____, 20____, a copy of the foregoing Pretrial Statement was delivered by regular U.S. Mail/Other Method (Specify: _____) to:

(Name and Address of opposing counsel or Party if representing themselves)

Attorney or
Party If Representing Themselves

ATHENS COUNTY COMMON PLEAS COURT

Athens County Courthouse 1 S. Court Street, Athens, Ohio 45701

(740)592-3242

Case no. _____

Plaintiff,

Judge _____

vs.

**SUMMONS IN ACTION IN FORCIBLE
ENTRY AND DETAINER**

Defendants.

To the following named defendant:

A complaint to evict you has been filed with this court. No person shall be evicted unless his right to possession has ended and no person shall be evicted in retaliation for the exercise of his lawful rights. If you are depositing rent with the clerk of this court you shall continue to deposit such rent until the time of the court hearing. The failure to continue to deposit such rent may result in your eviction. You may request a trial by jury. You may contact your local legal aid or legal service office. If none is available, you may contact your local bar association.

Unless you appear in our Court, 8 E. Washington Street, on _____ to answer plaintiff's charge for eviction from the following described premises, to wit: _____

SUMMONS IN ACTION IN FORCIBLE

ENTRY AND DETAINER

Situated in the County of Athens and State of Ohio and known as _____

Together with the plot of land on which said premises are situated, the complaint of the said plaintiff against you, filed in the Clerk's office of said Court will be taken as true, and judgment rendered accordingly.

The Plaintiff also claims that they are owed \$UNDETERMINED. You are required to serve upon the plaintiff's attorney, or upon the plaintiff, if they have no attorney of record, a copy of an answer to the claim for money within twenty-eight days after service of this summons on you, exclusive of the day

of service. Your answer must be filed with the court within three days after the service of a copy of the answer on the plaintiffs attorney.

If you fail to appear and defend, judgment by default may be rendered against you for this claim for money.

A copy of the plaintiffs complaint is attached.

The name and address of the plaintiffs attorney is: _____

Athens County Common Pleas Court

Date

Civil Deputy Clerk

NOTICE: Free Legal Assistance

If you cannot afford a private attorney, you may qualify for free legal services to assist you in this eviction. To see if you qualify, call for an appointment.

Southeastern Ohio Legal Services
964 E. State Street
Athens, OH 45701
(740) 594-3558
(800) 686-3669

**Athens County
Clerk of Courts
Table of Fees**

Cost as of
09/20/19

Civil

Certificate of Qualification for Employment	\$ 50.00
	\$200.00 up to 5 Def.
Complaint	\$225.00 6 Def's & up.
	\$200.00 up to 5 Def.
Counterclaim/Crossclaim	\$225.00 6 Def's & up.
	\$600.00 up to 5 Def.
Foreclosure Complaint	\$625.00 6 Def's & up.
	\$600.00 up to 5 Def.
Foreclosure Counterclaim/Crossclaim	\$625.00 6 Def's & up.
Jury Demand	\$ 900.00
Replevin	\$ 175.00
Filing a Foreign Judgment	\$ 175.00
Prepare Certificate of Judgment	\$ 5.00
Record Certificate of Judgement	\$ 30.00
Release of Judgment Lien	\$ 10.00
Writ of Possession	\$ 100.00
Execution	\$ 100.00
Garnishment - Bank	\$ 100.00
Garnishment - Payroll	\$ 100.00

Domestic

Divorce with children	\$ 350.00
Divorce without children	\$ 300.00
Dissolution with children	\$ 350.00
Dissolution without children	\$ 300.00
Counterclaim/Crossclaim WITHOUT CHILDREN	\$ 300.00
Counterclaim/Crossclaim WITH CHILDREN	\$ 350.00
Re-Open case (Contempt)	\$ 150.00
Re-Open case (Parental Rights/Custody)	\$ 250.00
Complaint for Parentage (New Case Type for DR of Married Couples)	\$ 350.00
Complaint Support (New Case Type for DR of Married Couples)	\$ 350.00
QDRO/DOPO	\$ 80.00

Criminal

Expungement	\$ 50.00
Sealed	\$ 25.00
Veterans Court Fee	\$ 250.00

General

4th District Court of Appeals - Notice of Appeal	\$ 85.00
Copying charges	per pg \$ 0.25
Certification	per doc \$ 2.00
Exemplification	per doc \$ 3.00
Certificate of Official Character	\$ 1.00
Copy of the Local Court Rules	\$ 10.00
Witness Fees	half day \$ 6.00
	full day \$ 12.00
Mileage (current IRS Rate)	per mile \$ 0.56

Notary Fees

New Notary	9/20/19 New/Renewed
Renew Notary	through

Misc Filing Fees

Per page court cost fee for most filings (i.e. Complaints, affidavits, notice of hearings, notice of appearance, motions, Magistrate's Decision)	\$ 1.00
Per page for anything that requires a Judge's signature (This also includes all Magistrate's Orders)	\$ 4.00
Per page for subpoenas	\$ 3.00

E-Filing Fees

E-filing service fee is a \$2.00 minimum or 4% (whichever is greater) per filing (not per document – Multiple documents can be submitted at one time by clicking on "Add Document" from the e-filing page. All filings MUST be for the same case number) Greater of \$2.00 or 4%