

IN THE COURT OF COMMON PLEAS ALLEN COUNTY, OHIO

PROBATE DIVISION

In the Matter of

CASE NO.

The Guardianship of:

Alleged Incompetent

AFFIDAVIT OF INDIGENCY AND MOTION FOR COURT COSTS, FEES EXPENSES AND ATTORNEY FEES AT COURT EXPENSES FROM INDIGENT GUARDIANSHIP FUND

_____ states that that he/she is the Applicant on a certain Application for Appointment of Guardian which has either been filed with this Affidavit, or which is to be filed within the next thirty (30) days, and that the following information is truthful and accurate to the best of the affiant's knowledge and belief:

COMPLETE THIS BOX FOR MINOR GUARDIANSHIP ONLY:

Full Name of Minor's Mother: _____ Mother's Date of Birth: _____

Mother's Address: _____

Full Name of Minor's Father: _____ Father's Date of Birth: _____

Father's Address: _____

Alleged Incompetent's Information:

1. Full Legal Name: _____
2. Age _____ DOB: _____ Marital Status: Married Divorced Single
3. Home Address: _____
4. Current Location if different from home address: _____
5. Briefly state the reason for which the appointment of a guardian is being requested:

6. Please list any known assets of the alleged incompetent and their estimated value [attach additional sheets as needed]:

Real Estate: _____

Vehicles: _____

Household goods: _____

Jewelry: _____

Checking: _____

Savings: _____

Other Assests/Income: _____

Please list all known sources of income and the estimated monthly or annual income from each source:

Annual Income: _____

Source of Income: _____

Please state your relationship to the alleged incompetent (ex . daughter, nephew, neighbor, etc .):

Please state the names, addresses, and telephone numbers of any relatives of the alleged incompetent known to reside in the State of Ohio. [Attach additional sheet if necessary]:

Please state the name and address of any attorney known to represent the alleged incompetent (if applicable):

Please state the name and address of the alleged incompetent 's doctor(s), if known:

Please state the name, address, and telephone number of any person who has power of attorney for the alleged incompetent : _____

Applicant's Information

(To be completed if the Applicant is the parent or son or daughter of the alleged incompetent and the Applicant is requesting payment of costs, fees and other expenses and/or payment of court-appointed attorney fees .)

Marital status : [] Single [] Married

Please list **your** assets, whether owned individually by you or jointly (for ex ., with your spouse):

Real Estate (specify if own or rent): _____

Vehicles: _____

Checking : _____

Savings: _____

Please list all sources of income. Spouse's income should be included if you wish to include him or her as a dependent for the purpose of determining indigency. Income is to be listed by source and whether monthly or yearly:

Annual Income: _____

Employment: _____

Other [specify]: _____

Please state the total number of dependents (persons supported on the annual income reported above).[insert total number of dependents - for ex. "3"]: _____

Other information: Please provide any other information that you feel is relevant to the Court 's determination of indigency and/or the appointment of an attorney.

Motion: Applicant moves the Court to order the following [Check all applicable boxes]:

Waiver of the court cost deposit required by the local rules of court;

Appointment of a court-appointed attorney for the Applicant;

An order determining this to be an Indigent Guardianship Case and ordering all court costs waived ; and fees (including any court-appointed attorney fees) and other expenses to be paid from the Indigent Guardianship Fund.

Statement of Understanding:

The Applicant understands that any such order is subject to review and modification by further order of the Court.

The Applicant further understands that he or she may later be ordered to pay the court costs, fees, expenses and/or court- appointed attorney fees in the event that the application for the appointment of guardian is not approved or if it is determined by the Court after a hearing or the filing of any inventory, that the applicant (where applicable) and/or the alleged incompetent are not indigent. The Applicant specifically understands that pursuant to the provisions of O.R.C. 2111.031 that certain costs shall be charged against the Applicant if the guardianship is not granted unless the Court determines, for good cause shown, that such costs, fees or expenses are to be recovered from the county. The Applicant further understands that the Court will notify the Applicant of the name, address and telephone number of any attorney appointed pursuant to this Affidavit and Motion, and that upon receipt of that information it shall be the responsibility of the Applicant to contact and cooperate with the attorney for the purpose of filing any application for the appointment of guardian. The Applicant further understands that he or she should contact the attorney immediately if an emergency guardianship is being requested. Finally, the Applicant understands that in the event that an application for the appointment of guardian has not been filed on behalf of this Applicant within thirty (30) days from the date of the filing of this Affidavit and Motion, that the motions contained herein shall be considered denied without further order of this Court and that any orders made in this matter are subject to immediate termination. A new Affidavit and Motion will then be required for any further proceedings.

I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS AFFIDAVIT IS PUNISHABLE UNDER THE CRIMINAL LAWS OF THE STATE OF OHIO AND MAY RESULT IN MY PROSECUTION.

Applicant's Full Legal Name (printed): _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Applicant's Signature (must be signed in front of notary/deputy clerk):

Sworn to and subscribed before me this _____ day of _____, 20____.

_____ Deputy Clerk/Notary