



- c. Household goods: \_\_\_\_\_  
\_\_\_\_\_
- d. Jewelry: \_\_\_\_\_
- e. Checking: \_\_\_\_\_
- f. Savings: \_\_\_\_\_
- g. Other investments: \_\_\_\_\_

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

	<u>Per Month</u>	<u>Annual</u>
a. Employment: _____		
b. Rent: _____		
c. Interest: _____		
d. Pension/Retirement: _____		
e. Social Security: _____		
f. VA Benefits: _____		
g. Other (specify): _____		
<b>TOTAL:</b>	_____	_____

9. Please state your relationship to the alleged incompetent (ex. Daughter, Nephew, Neighbor, etc.):

\_\_\_\_\_

10. 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please state the name and address of any attorney known to represent the alleged incompetent:

\_\_\_\_\_  
\_\_\_\_\_

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

---

---

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

---

---

**B. 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).**

1. Name: \_\_\_\_\_

2. Home address: \_\_\_\_\_

3. Marital status:  Single  Married

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

a. Real Estate: \_\_\_\_\_

---

b. Vehicles: \_\_\_\_\_

---

c. Household goods: \_\_\_\_\_

d. Jewelry: \_\_\_\_\_

e. Checking: \_\_\_\_\_

f. Savings: \_\_\_\_\_

g. Other investments: \_\_\_\_\_

---

5. 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:

Per Month

Annual

a. Employment: \_\_\_\_\_

b. Rent: \_\_\_\_\_

c. Interest: \_\_\_\_\_

d. Pension/Retirement: \_\_\_\_\_

e. Social Security: \_\_\_\_\_

f. VA Benefits: \_\_\_\_\_

g. Other (specify): \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

6. Please state the total number of dependents (persons supported on the annual income reported above). **DO NOT** include as a dependent any person whose income was not included in the listing of total annual income:

\_\_\_\_\_ (insert total numbers of dependents – for example, “3”)

**C. 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. For example, if you have an attorney that you would like the Court to consider appointing as court-appointed counsel, please provide his or her name, address, and telephone number.

**D. Motion:** Applicant moves the Court to order the following (Check all applicable boxes):

1.  Waiver of the court cost deposit required by the local rules of court;
2.  Appointment of a court-appointed attorney for the Applicant;
3.  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.

**E. 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 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 country.

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 PROSECUTION.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Best Time and Place to Call

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary