

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

IN THE MATTER OF:

CASE NO. _____

THE GUARDIANSHIP OF:

**MOTION AND AFFIDAVIT
FOR INDIGENCY**

The undersigned, _____, has filed an Application to appoint a guardian for the above named ward. The applicant requests that this case be determined to be indigent.

1) 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 Ward.
- An order determining this to be an Indigent Guardianship case and ordering all court costs, fees and other expenses to be paid from the Indigent Guardianship Fund.

Based upon the following information:

2) Applicant's/Household assets and their estimated value (except guardianships filed by volunteer attorneys and the Volunteer Guardianship Program)

	<u>Est. Value:</u>
a) Real estate: [Address] _____ _____	\$ _____
b) Vehicles: _____ _____	\$ _____
c) Bank Accounts: _____	\$ _____
d) Other Investments: _____ _____	\$ _____
TOTAL	\$ _____

3) Ward's/Household assets and their estimated value

	<u>Est. Value:</u>
a) Real estate: [Address] _____ _____	\$ _____
b) Vehicles: _____ _____	\$ _____
c) Bank Accounts: _____	\$ _____
d) Other Investments: _____ _____	\$ _____
TOTAL	\$ _____

4) Estimated household monthly income:	APPLICANT	WARD	TOTAL INCOME
a) Gross monthly employment income	\$ _____	\$ _____	\$ _____
b) Unemployment, Worker's Compensation, Child Support, SS, Other Types of Income	\$ _____	\$ _____	\$ _____

5) Monthly household Liabilities		APPLICANT	WARD
<input type="checkbox"/> Rent/Mortgage	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Food	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Utilities	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Credit Cards	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Loans	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Taxes Owed	Amount:	\$ _____	\$ _____
<input type="checkbox"/> Other _____	Amount:	\$ _____	\$ _____
TOTAL LIABILITIES		\$ _____	\$ _____

6) Please list all persons living in the household of the Applicant (except guardianships filed by volunteer attorneys and the Volunteer Guardianship Program):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7) Please list all persons living in the household of the Ward:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) Applicant understands that such order is subject to review/modification by the Court. The Applicant may be ordered to pay the court costs, fees, and expenses upon information that this case is not indigent.

Applicant Signature

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

Notary Public

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

JUDGMENT ORDER ON INDIGENCY

Upon review of the Application/ Affidavit of Indigency and the Addendum to Application for Guardianship, this Court finds the proposed Ward to be:

Person & Estate: Therefore, until such time as the proposed Ward has the finances to pay costs, all appropriate costs are to be paid by the Court.

IT IS HEREBY ORDERED that the Fiscal Office of Summit County, Ohio pay to the Summit County Probate Court the sum of \$_____, and charge said expenditure to Probate Account Number 28665-2215-60504, Guardianship Expense Fund. In the event the Guardianship acquires assets, the Guardian shall reimburse the Guardianship Expense Fund for this amount.

Indigent: Court Costs are waived

Not Indigent: Therefore, all appropriate costs are to be paid by the Ward.

IT IS SO ORDERED.

JUDGE ELINORE MARSH STORMER