

POVERTY AFFIDAVIT

COUNTY OF CUYAHOGA
IN THE MATTER OF

JUVENILE COURT DIVISION
CASE NUMBER: _____

I, _____, BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE _____ IN THE ABOVE ENTITLED CASE AND DO NOT HAVE SUFFICIENT FUNDS TO PAY THE SECURITY FOR COSTS. I SUBMIT THE FOLLOWING INFORMATION IN SUPPORT OF MY ALLEGATION OF POVERTY:

GROSS MONTHLY INCOME:

AMOUNT: _____

EMPLOYER: _____

FROM OTHER SOURCES:

AMOUNT: _____

SOURCE: _____

NUMBER OF DEPENDENTS: _____

ASSETS:

CASH OR DEPOSITS: _____.

REAL ESTATE: _____ OWN _____ RENT

VALUE OF HOME: _____ MORTGAGE BAL. _____

AMOUNT OF RENT: _____ AMOUNT OF PAYMENT _____

MOTOR VEHICLES:

YEAR & MAKE: _____

VALUE: _____

BALANCE OF LOAN: _____

OTHER ASSEST: _____

I HEREBY REPRESENT THAT THE ABOVE INFORMATION CONCERNING MY FINANCIAL CONDITIONS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AFFIANT

SWORN TO, BEFORE ME THIS _____ DAY OF _____ 20 _____

DEPUTY CLERK/NOTARY PUBLIC