



In the Court of Common Pleas

County: \_\_\_\_\_, Ohio

Case No: \_\_\_\_\_

## Request for Fee Waiver

I, *(name of person unable to pay the court fees)*: \_\_\_\_\_ state that:

- I am not able to pay the court fees or costs to file or serve my court forms,
- My expenses are greater than or equal to my income, and
- I have no assets that I can use to pay these fees.

I ask the court waive the court fees or costs for my case at this time.

This statement was made in \_\_\_\_\_ County, Ohio.

Name of person who is not able to pay the court fees: \_\_\_\_\_

*You must sign below in front of a Notary!*

Date: \_\_\_\_\_ Sign here  \_\_\_\_\_

### **Notary Public's Declaration** *(Notary fills out below):*

This statement was sworn and subscribed before me,

*(Notary's name)*: \_\_\_\_\_

on *(Date)*: \_\_\_\_\_

Notary Public's signature:  \_\_\_\_\_