

IN THE DELAWARE MUNICIPAL COURT, DELAWARE COUNTY, OHIO

Justice Center • 70 North Union Street, Delaware, Ohio 43015 • Voice: 740.203.1570 • Facsimile: 740.203.1599 • www.municipalcourt.org

State of Ohio/City-Village of _____

vs.

CASE NO: _____

**Application for Determination of Indigence
For Indigent-Rate CIID Installation and Maintenance**

Defendant

The undersigned moves the court for determination of indigence and eligibility for indigent-rate CIID installation and maintenance pursuant to R.C. § 4510.45. I certify that all information provided below is true, accurate, and complete.

Date _____, 20____

Defendant / Applicant

| Dependents of Applicant and spouse in Applicant's or other household | | | List all dependents of Applicant and/or spouse who reside in household, and those who do not live in household but for whom Applicant or spouse pay child support per court order. |
|--|---------|---------------------------|--|
| Name | DOB/age | Relationship to applicant | |
| | | spouse / minor child | |
| | | minor child / other | |
| | | minor child / other | |
| | | minor child / other | |

| Household Employment/Other Income | Applicant | Spouse/other | Total | List all earned & unearned income including child, support, disability, retirement inc., and government subsidy of any kind |
|---|-----------|--------------|----------|---|
| Gross monthly employment income | \$ _____ | \$ _____ | \$ _____ | |
| Other monthly income _____ | \$ _____ | \$ _____ | \$ _____ | |
| Other monthly income _____ | \$ _____ | \$ _____ | \$ _____ | |
| Applicant employer name & address _____ Spouse employer name & address _____ | | | \$ _____ | <Total/mo. |

| Child/Spousal Support & Extraordinary Exp. | Applicant | Spouse/other | Total | Do not list ordinary monthly expenses. |
|---|-----------|--------------|----------|--|
| Child/Spousal Support (including arrearage)/mo. | \$ _____ | \$ _____ | \$ _____ | |
| Other Extraordinary monthly expense _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | Total/mo.> | \$ _____ | |

| | | |
|--|---------------------------------------|----------|
| Liquid Assets of Applicant (current balance, nearest \$100) | Accts. []Checking []Sav. []Other | \$ _____ |
| Accts. []Checking []Savings []Other | Stock, bonds, CD's, other investments | \$ _____ |
| Currency (any kind) on hand | Other _____ | \$ _____ |