WILLIAMS COUNTY COMMON PLEAS COURT
PROBATE DIVISION
KAREN K. GALLAGHER, 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.

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

		Est. Value
a.	Real estate (address): _____	$_____
b.	Vehicles: _____	$_____
c.	Bank Accounts: _____	$_____
d.	Other Investments: _____	$_____
	TOTAL:	$_____

3. **Ward's/Household** assets and their estimated value

		Est. Value
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	TOTAL
☐ Rent/Mortgage	Amount:	$_____	$_____	$_____
☐ Food	Amount:	$_____	$_____	$_____
☐ Utilities	Amount:	$_____	$_____	$_____
☐ Credit Cards	Amount:	$_____	$_____	$_____
☐ Loans	Amount:	$_____	$_____	$_____
☐ Taxes Owed	Amount:	$_____	$_____	$_____
☐ Other _____	Amount:	$_____	$_____	$_____

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.

Date

Signature of Fiduciary/Applicant/Guardian/Litigant

Typed or Printed Name

Address

City State Zip

Telephone (include area code)

Email Address

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

Notary Public

WILLIAMS COUNTY COMMON PLEAS COURT
PROBATE DIVISION
KAREN K. GALLAGHER, JUDGE

IN THE MATTER OF: **CASE NO.** _____
THE GUARDIANSHIP OF

_____

JUDGMENT ORDER ON INDIGENCY

Upon review of the Motion and Affidavit of Indigency, this Court finds the proposed Ward to be:

☐ **Not Indigent**; therefore, all appropriate costs are to be paid by the Ward.

☐ **Indigent**; therefore, all court costs are waived.

☐ **Indigent**; therefore, until such time as the proposed Ward has the finances to pay costs, all appropriate costs are waived by the Court.

☐ **Other:** _____

_____

IT IS SO ORDERED.

_____
Karen K. Gallagher, Judge