

IN THE COURT OF CLAIMS OF OHIO

Plaintiff/Claimant

Case No. _____

v.

APPLICATION TO
WAIVE FILING FEE

Defendant

1. I am financially unable to pay the filing fee in this action and that my financial inability to make such deposit is due to:

2. I further state that in the last 12 months, I have worked for the following (names and addresses required): (If unemployed at this time, state "UNEMPLOYED.").

3. I further state that I have received public assistance in the previous twelve (12) months from: (If none, state "NONE.").

4. I further state that I have bank balances (savings accounts, CD's, checking accounts and/or IRA and stocks or bonds) as set forth below: (State the entity, type of account maintained and approximate balance.).

Case No. _____

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APPLICATION TO
WAIVE FILING FEE

5. The number and ages of dependents residing with me and for whom I am responsible:

6. I own the following real estate (even if there is a lien):

7. I own the following motor vehicles (even if there is a lien):

8. I further understand that this Application only waives filing fees as required by the Court in this matter, and that, upon the conclusion of this matter, I may be responsible for paying any court costs.

NOTE: USE REVERSE SIDE OF THESE PAGES, IF ADDITIONAL SPACE IS REQUIRED.

Date

Signature of Plaintiff/Claimant

Address: _____

Telephone: _____

Email Adress: _____

SEND COMPLETED FORM TO:

Ohio Court of Claims
Thomas J. Moyer Ohio Judicial Center
65 South Front Street, 3rd Floor
Columbus, Ohio 43215