

IN THE COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS/ JUVENILE DEPARTMENT  
TRUMBULL COUNTY, OHIO

IN THE MATTER OF:

CASE NO: \_\_\_\_\_

\_\_\_\_\_  
DOB: \_\_\_\_\_

JUDGE \_\_\_\_\_

\_\_\_\_\_  
DOB: \_\_\_\_\_

MOTION TO WAIVE/DEFER  
FILING FEES

Now comes \_\_\_\_\_, and hereby moves the Court for an Order to proceed in the above-captioned case without prepayment of Court fees or costs or to give security therefore. As a basis for this motion, I state that I am financially unable to pay the filing fee at the time of filing and that my financial circumstances are outlined in the Affidavit being filed with this motion. I understand that I must inform the Court if my financial situation should change before the disposition of this case.

I agree to ensure that arrangements are made with the Clerk of Courts for payment of filing fees upon assessment of costs being ordered by the Court. I further understand that if this Court should deny this motion, I must pay the cost deposit within thirty (30) days or the case/motion will be dismissed.

WHEREFORE, the undersigned respectfully requests the Court grant this motion.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney Regis. No. \_\_\_\_\_

Name of Party Representing: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

CERTIFICATE OF SERVICE/INSTRUCTIONS FOR SERVICE  
(*SELECT ONE*)

CERTIFICATE OF SERVICE: I hereby certify that on \_\_\_\_\_ I served a true copy of this motion as follows:

On the following counsel of record, if applicable, by electronic means by filing the document through the court's e-filing system:

\_\_\_\_\_

AND

On the following self-represented parties, if applicable, in the following manner:

\_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_ by \_\_\_\_\_

AND

On the Guardian Ad Litem, \_\_\_\_\_ if applicable, by electronic means by filing the document through the court's e-filing system.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**OR**

INSTRUCTIONS FOR SERVICE TO THE CLERK: Please serve a copy of this Motion to Waive/Defer Filing Fees with the underlying Complaint/Motion upon the following parties and in the following manner:

NAME: \_\_\_\_\_

at (Address) \_\_\_\_\_

in the following manner: (Select One)

Certified U.S. Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County for  Personal or Residence Service

Other: \_\_\_\_\_

NAME: \_\_\_\_\_

at (Address) \_\_\_\_\_

in the following manner: (Select One)

Certified U.S. Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County for  Personal or Residence Service

Other: \_\_\_\_\_

NAME: \_\_\_\_\_

at (Address) \_\_\_\_\_

in the following manner: (Select One)

Certified U.S. Mail, Return Receipt Requested

Issuance to Sheriff of \_\_\_\_\_ County for  Personal or Residence Service

Other: \_\_\_\_\_