

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

ESTATE OF _____, DECEASED

CASE NO. _____

REQUEST TO WAIVE PAYMENT OF COURT COST DEPOSIT

The undersigned certifies to the Court that (i) the undersigned does not have sufficient funds to pay the required court cost deposit for this probate proceeding, and (ii) that the probate assets are sufficient to pay applicable court costs.

The undersigned requests that the Court waive the payment of the court cost deposit and defer the payment of the court cost deposit until sufficient funds are available in this estate to pay the applicable court cost deposit or the accrued court costs if greater.

Print Name

Entry MAGISTRATE'S ORDER

The Court waives the payment of the court cost deposit, orders _____ not to disburse any probate property of this estate to any person or entity until he or she pays the Court the greater of (1) the applicable court cost deposit or (2) the accrued court costs.

The Court denies this request and orders _____ to pay the Court the applicable court cost deposit within five days after the date of this entry.

Dated: _____

Judge / Magistrate

AFFIDAVIT OF INDIGENCY

I, _____, swear that the following facts are true:

- 1. My average monthly income is \$ _____
- 2. My average monthly expenses are \$ _____
- 3. My cash or cash equivalent assets are:
 - Checking and Savings \$ _____
 - Other Financial Accounts \$ _____
 - Other current assets \$ _____

Total Current Assets \$ _____

I, _____, swear and affirm that I have read this affidavit. To the best of my knowledge and belief, the facts and information stated in this affidavit are true, accurate, and complete.

Your Signature

Sworn before me the ____ day of _____, 20____.

Notary Public