

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

IN RE: _____ CASE NO: _____

DOB: _____ JUDGE: _____

PLAINTIFF

vs.

DEFENDANT

MOTION FOR PAYMENT FROM GUARDIAN AD LITEM FUND

I, _____, state that I am a party in the above-captioned matter, that I have been ordered to pay a deposit in the sum of _____ as a deposit for services for the Guardian Ad Litem, and that I am financially unable to pay the deposit or my share of the Guardian Ad Litem fees ordered to be paid without substantial hardship to me or my family. Accordingly, I hereby request that the requirement that I pay a deposit be waived and that my share of the Guardian Ad Litem fees be paid by the Trumbull County Family Court Guardian Ad Litem Fund.

I have attached a financial affidavit in support of my motion.

Date

Movant (Signature)

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Motion and accompanying Affidavit has been provided to all parties or their counsel of record and the Guardian Ad Litem by regular U.S. Mail sent on this _____ day of _____, 20__.

Date

Movant or Movant's Counsel

AFFIDAVIT IN SUPPORT OF
MOTION FOR PAYMENT FROM GUARDIAN AD LITEM FUND

I, _____, being first duly sworn, state as follows:

1. I receive \$ _____ per month in income for a household of _____.

Information for other persons living in my household is as follows:

Name	Is this person under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship (Spouse or Child)	Income
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. The following is my additional financial information:

(a) Number of dependents: _____

Dependent's Name	Dependent's Age

(b) Receipt of public assistance:

I receive needs-based, means-tested public assistance: Yes No

If so, I receive the following type and amount: _____

(Examples: TANF, SSI, SSD, Medicaid, Food Stamps, means-tested Veterans' Benefits)

(c) Employment and income information:

Place of employment: _____

Length of time employed: from _____ to _____

Gross monthly income from employment: _____

Total gross income from all sources in the last 26 weeks: _____

(Including Unemployment, Worker's Compensation, child support, spousal support and other types of income)

(d) Any other household income (list source and amount): _____

Total Household Income: _____

[Including, but not limited to, all income sources of all household members and the answers provided in response to paragraphs 1 and 2(a)-(d).]

(e) Financial resources:

Total assets: _____ Cash on hand or on deposit: _____
I own real estate: Yes No If so, fair market value: _____
I own an automobile: Yes No If so, fair market value: _____

(f) Financial obligations:

My basic monthly living expenses are as follows:

Food: _____ Housing: _____ Utilities: _____
Medical expenses: _____ Transportation: _____
Child support paid: _____ Child care (if working): _____
Other (specify): _____

(g) Limitations:

I have the following limitations that impact my ability to secure work, such as disability, homelessness, lack of driving privileges, etc: _____

3. I understand that I must inform the court if my financial situation should change before the disposition of my case.
4. I understand that I am subject to criminal charges for providing false information.
5. I understand that if it is determined by the court that I was not entitled to my share of the Guardian Ad Litem fees to be paid from the court fund, I may be required to reimburse the court fund immediately.
6. I hereby represent that the information set forth above regarding my financial condition is true and complete to best of my knowledge, information and belief.

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC

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IN RE:
DOB:

CASE NO: _____

JUDGE: _____

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vs.

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JUDGMENT ENTRY

This matter has come before the court upon the Motion for Payment from Guardian Ad Litem Fund filed by _____. Upon review of the same, the motion is

granted granted in part denied.

It is hereby ORDERED that the requirement that _____ pay a deposit is waived adjusted to _____. It is further ordered that said movant's share of the Guardian Ad Litem fees shall be paid by the Trumbull County Family Court Guardian Ad Litem fund.

It is further ORDERED that this order shall be subject to further review and modification at final hearing should it be determined that the information provided in support of the movant's request was inaccurate or his/her financial situation has changed.

DATE

JUDGE/MAGISTRATE

The Clerk of Courts is hereby directed to issue Rule 58 notice to the following:

All parties
All counsel
Guardian Ad Litem