

LIMA MUNICIPAL COURT

MOTION FOR FINANCIAL ABILITY HEARING INSTRUCTIONS

You may request a financial ability hearing if you believe you are financially unable to pay fines and court costs. Upon request, the court may hold a financial ability hearing after which the court may waive fines and costs, or a portion thereof, place you upon a payment plan, or impose community service as an alternative to payment in full of fines and costs.

The court may also remove the license forfeiture/registration block previously imposed, if applicable; however, your failure to make court-ordered payments or perform community service may result in your license being forfeited.

To request a hearing you must do the following:

1. Complete and file the court-approved motion on your own behalf, or through your attorney.
2. Include with the motion a completed and notarized "Financial Ability Hearing Affidavit" for the court to review your financial status.

You will be notified of the court's decision whether to grant or deny a hearing and the hearing date. For you to be provided proper notice, you must make sure your current mailing address is on file with the Clerk's Office. **You** are required to notify the Clerk's Office of any change in your mailing address for service of court paperwork by regular U.S. Mail.

A Twenty Dollar (\$20.00) filing fee may be imposed as court costs for the filing of this motion, unless the court waives the filing fee.

If you have questions concerning the filing of this motion or the financial ability hearing affidavit in support of this motion, you may contact the Lima Municipal Court Clerk's Office at:

(419) 221-5275, menu option 1 (Clerk's Office) + menu option 1 (Traffic and Criminal Division).

IN THE LIMA MUNICIPAL COURT

CRIMINAL DIVISION

STATE OF OHIO/CITY OF LIMA

Plaintiff,

VS.

CASE NO(s)._____

(Your Name)

Defendant/Applicant

MOTION FOR FINANCIAL ABILITY HEARING

I, the above-named defendant-applicant, hereby request a financial ability hearing in the above-referenced cases for the court to determine my ability to pay court costs and fines.

I am requesting that the court waive the payment of court costs and fines, establish a reasonable payment plan in light of my financial ability, impose community service hours, or impose a combination of the same in lieu of payment in full of court costs and fines.

I am further requesting that the court vacate any license forfeiture that may have been declared.

A financial ability hearing affidavit has been filed with and in support of this motion.

Signature of Defendant _____

Defendant Phone Number _____

Attorney Signature (if applicable) _____

Attorney Registration No.: _____

LIMA MUNICIPAL COURT
FINANCIAL ABILITY HEARING AFFIDAVIT

I _____, being first duly sworn, affirm that I am the named Defendant in the Lima Municipal Court case number(s) appearing in the caption of the motion for a financial ability hearing filed herewith; I am / am not now being represented by an attorney; I do not have sufficient funds to pay the costs of filing this motion; that I do not have the financial ability to pay the fines and costs in the above case(s); I am requesting a hearing for the court to consider waiving, reducing, establishing a payment plan for, or imposing community control in lieu of the fines and costs in the above case(s); I am requesting the court waive the filing fee for this motion; and, I submit the following information in support of the motion:

Current Address: _____

Current Email: _____

Place of Employment: _____

Length of Time Employed: from _____ to _____

Gross Weekly Income: \$ _____

Other Sources of Income: _____ Amount (monthly) \$ _____

Total Cash on Hand \$ _____ Total of Bank Accounts: \$ _____

Real Estate Address: _____ Tax Value _____

Mortgage Balance _____

Real Estate Address: _____ Tax Value _____

Mortgage Balance _____

Vehicle Make and Model _____ Value _____ Owed _____

Vehicle Make and Model _____ Value _____ Owed _____

Number of Dependents You Financially Support _____

Child Support Obligation (if any) _____

If you were previously making payments, please explain the change in circumstances preventing you from continuing payments: _____

Any other reasons you want the court to consider: _____

I hereby represent that the information set forth above concerning my financial condition is true and complete to the best of my knowledge and belief.

Defendant/Affiant

SWORN TO AND SUBSCRIBED IN MY PRESENCE this _____ day of _____ 20 _____

Notary Public - Signature