

FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER

FRANKLIN COUNTY COURT OF COMMON PLEAS

GENERAL DIVISION

Mitchell Morrow

Plaintiff,

vs.

GRANT medical center, OhioHealth

Defendant.

CASE NO. _____

JUDGE _____

FINANCIAL DISCLOSURE / FEE WAIVER AFFIDAVIT AND ORDER

Pursuant to R.C. 2323.311, the below-named Applicant requests that the Court determine that the Applicant is an indigent litigant and be granted a waiver of the prepayment of costs or fees in the above captioned matter. The Applicant submits the following information in support of said request.

Personal Information			
Applicant's First Name <u>Mitchell</u>		Applicant's Last Name <u>Morrow</u>	
Applicant's Date of Birth <u>09-12-1986</u>		Last 4 Digits of Applicant's SSN <u>0181</u>	
Applicant's Address <u>1219 E Wilson St Batavia IL 60510</u>			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
<u>Terrell</u>	<u>Morrow</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>SON</u>
<u>Nekita</u>	<u>Morrow</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>DAUGHTER</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed 187.5% of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First ¹ : <input type="checkbox"/> SSI ² : <input type="checkbox"/> Medicaid ³ : <input type="checkbox"/> Veterans Pension Benefit ⁴ : <input type="checkbox"/> SNAP / Food Stamps ⁵ : <input checked="" type="checkbox"/>			
Monthly Income			
I am NOT able to access my spouse's income <input checked="" type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

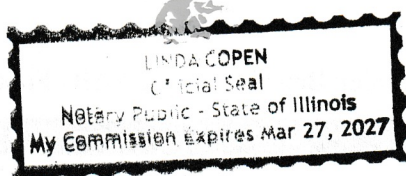
Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$	\$	\$
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$	\$	\$
TOTAL MONTHLY INCOME			\$
Liquid Assets			
Type of Asset	Estimated Value		
Cash on Hand	\$ 0		
Available Cash in Checking, Savings, Money Market Accounts	\$ 0		
Stocks, Bonds, CDs	\$ 0		
Other Liquid Assets	\$ 0		
Total Liquid Assets	\$		
Monthly Expenses			
Column A		Column B	
Type of Expense	Amount	Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$ 0	Insurance (Medical, Dental, Auto, etc.)	\$ STATE medical / CARD
Food / Paper Products/Cleaning Products/Toiletries	\$ 300	Child or Spousal Support that You Pay	\$ 0
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ 0	Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$ 0
Transportation / Gas	\$ 0	Credit Card, Other Loans	\$ 0
Phone	\$ 0	Taxes Withheld or Owed	\$ 0
Child Care	\$ 0	Other (e.g. garnishments)	\$ 0
Total Column A Expenses	\$ 0	Total Column B Expenses	\$ 0
TOTAL MONTHLY EXPENSES (Column A + Column B)			

I, Mitchell Morrow, hereby certify that the information I have provided on
(Print Name)
this financial disclosure form is true to the best of my knowledge and that I am unable to prepay the costs or fees in this case.

Mitchell Morrow
Signature

NOTARY PUBLIC:

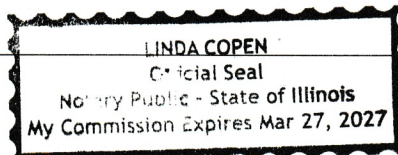
Sworn to before me and signed in my presence this 10th day of June, 2025,
in Lake County, Ohio, Illinois



Linda Copen
Notary Public (Signature)

Linda Copen
Notary Public (Printed)
My Commission expires: 03/27/2027

If available, an individual duly authorized to administer this oath at the Clerk of Court's Office will do so at no cost to the Applicant.



ORDER

- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant IS an indigent litigant and **GRANTS** a waiver of the prepayment of costs or fees in this matter. Pursuant to R.C. 2323.311(B)(3), upon the filing of a civil action or proceeding and the affidavit of indigency under division (B)(1) of this section, the clerk of the court shall accept the action, motion, or proceeding for filing.
- ☐ Upon the request of the Applicant and the Court's review, the Court finds that the Applicant is NOT an indigent litigant and **DENIES** a waiver of the prepayment of costs or fees in this matter. Applicant is granted thirty (30) days from the issuance of this Order to make the required advance deposit or security. Failure to do so within the time allotted may result in dismissal of the applicant's filing.

IT IS SO ORDERED

Judge / Magistrate

Date

[Effective: April 15, 2020; amended effective April 15, 2022.]