

**FORM 20. CIVIL FEE WAIVER AFFIDAVIT AND ORDER****FRANKLIN COUNTY COURT OF COMMON PLEAS****GENERAL DIVISION**

Michelle Evans Earley )  
 Plaintiff, )  
 )

vs. )

Dannelle Walker )  
 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>Michelle Evans Earley</u>		Applicant's Last Name <u>Evans Earley</u>	
Applicant's Date of Birth <u>12/10/1982</u>		Last 4 Digits of Applicant's SSN <u>6293</u>	
Applicant's Address			
Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
<u>Javier</u>	<u>Wesley</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Child</u>
<u>Mileana</u>	<u>Fredman</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>child</u>
<u>Mitani</u>	<u>Fredman</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>child</u>
Public Benefits			
I receive the following public benefits and my gross income, including the cash benefits marked below, does not exceed <b>187.5%</b> of the federal poverty guidelines.			
Place an "X" next to any benefits you receive.			
Ohio Works First <sup>1</sup> : <u>X</u> SSI <sup>2</sup> : <u>X</u> Medicaid <sup>3</sup> : <u>X</u> Veterans Pension Benefit <sup>4</sup> : _____ SNAP / Food Stamps <sup>5</sup> : <u>X</u>			
Monthly Income			
I am <b>NOT</b> able to access my spouse's income <input type="checkbox"/>			
	Applicant	Spouse (If Living in Household)	Total Monthly Income

LeCroy  
Carter  
Hemera

Gross Monthly Employment Income, including Self-Employment Income (Before Taxes)	\$ 1870	\$ 0	\$ 0
Unemployment, Worker's Compensation, Spousal Support (If Receiving)	\$ 0	\$ 0	\$ 0
<b>TOTAL MONTHLY INCOME</b>			\$ 1870
<b>Liquid Assets</b>			
<b>Type of Asset</b>	<b>Estimated Value</b>		
Cash on Hand	\$ 0		
Available Cash in Checking, Savings, Money Market Accounts	\$ 0		
Stocks, Bonds, CDs	\$ 0		
Other Liquid Assets	\$ 0		
<b>Total Liquid Assets</b>	\$ 0		
<b>Monthly Expenses</b>			
<b>Column A</b>		<b>Column B</b>	
<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Rent / Mortgage / Property Tax / Insurance	\$ 1575	Insurance (Medical, Dental, Auto, etc.)	\$ 0
Food / Paper Products/Cleaning Products/Toiletries	\$ 0	Child or Spousal Support that You Pay	\$ 0
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$ 100	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
<b>Total Column A Expenses</b>	\$ 1675	<b>Total Column B Expenses</b>	\$ 0
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			\$ 1675

I, Michele Evans Ealey, 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.

Signature

**NOTARY PUBLIC:**

Sworn to before me and signed in my presence this 13<sup>th</sup> day of June, 2025,  
in Franklin County, Ohio.



Roneshia Bouldware  
Notary Public, State of Ohio  
My Commission Expires 06-22-2026

Roneshia Bouldware  
Notary Public (Signature)


Roneshia Bouldware  
Notary Public (Printed)  
My Commission expires: 6/22/2026

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 6/13/25

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