

LIMA MUNICIPAL COURT

MOTION FOR FINANCIAL ABILITY HEARING INSTRUCTIONS

The Clerk's Office can provide you with a "balance inquiry" report that will inform you of all of your outstanding fines, court costs, and restitution owed to this Court.

You may request a financial ability hearing if you believe you are financially unable to pay fines, restitution, 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. Community service is not available for restitution.

The court may also remove the license forfeitures/ registration blocks previously imposed, if applicable; however, the Court **will** re-impose license forfeitures and registration blocks if you fail to make court-ordered payments. The Court may impose jail time if you fail to complete community service.

To request a hearing you must do the following:

1. Complete and file the court-approved motion on your own or with your attorney.
2. Include with the motion a completed and notarized "Financial Ability Hearing Affidavit" for the court to review your financial status
3. Attach a copy of your most recent paycheck to the "Financial Ability Hearing Affidavit."

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 current phone number is also required in the event the Court has additional requests before holding a hearing.

There is a twenty dollar (\$20.00) filing fee for this motion.

If you have questions concerning the filing of this motion or affidavit in support, you may contact the Lima Municipal Court Clerk's Office at (419) 221-5275 (Menu Option 1 (Clerk's Office) + Menu Option 1 (Traffic/Criminal Division)).

**IN THE LIMA MUNICIPAL COURT
TRAFFIC/ CRIMINAL DIVISION**

STATE OF OHIO/CITY OF LIMA

Plaintiff,

VS.

CASE NO(s). _____

(Your Name)

Defendant/Applicant

(All case numbers with balances)

MOTION FOR FINANCIAL ABILITY HEARING

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

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. If applicable, I am requesting a payment plan for restitution.

I am also requesting that the court vacate any license forfeitures and registration blocks.

I consent to a magistrate hearing and deciding this motion.

A financial ability 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/applicant in the Lima Municipal Court case numbers appearing in the caption of the motion for a financial ability hearing; I do not have sufficient funds to pay the costs of filing this motion; I do not have the financial ability to pay the fines and costs in full; 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; 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: _____

I Rent **or** Own. Monthly Rent _____ Monthly Mortgage Payment _____

Current Email: _____ Cell Phone: _____

I receive SSI/ SSDI/ Veterans Benefits/ Retirement Benefits/ **(circle one) or** _____ **(other)** in the amount of \$ _____ monthly.

Place of Employment: _____

(Attach a copy of your most recent paycheck).

How long have you been employed there? From _____ To _____

Take Home Pay: \$ _____ Weekly Bi-weekly Avg. Weekly Hours _____

When did **you** last receive an income tax refund? _____ Amount \$ _____

Total Cash on Hand \$ _____ Total in Bank Accounts \$ _____

Amount of monthly SNAP (Food Stamp) benefits \$ _____

Vehicle Make and Model _____ Monthly Payment \$ _____

Vehicle Make and Model _____ Monthly Payment \$ _____

Number of Dependents in the Household _____ Ages _____

Monthly Child Support You **PAY** \$ _____ Is it deducted from your paycheck? _____

Monthly Child Support You **RECEIVE** \$ _____

If you were previously making payments, please explain why you stopped making payments:

Any other reasons you want the court to consider:

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

Defendant/Affiant's Signature

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

Notary Public – Signature

(Seal)