

IN THE CLEVELAND MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO

STATE OF OHIO /
CITY OF CLEVELAND,
PLAINTIFF,

CASE NO. _____

MOTION FOR HEARING ON ABILITY TO PAY

VS

DEFENDANT,

I, _____, residing at _____,
do hereby state that I am financially unable to pay the fines, costs and fees assessed against me in this
case and I request a hearing for the following reason(s):

In support of this statement, I submit the following true information on my financial condition:

Place of Employment _____ Phone _____

Gross Monthly Income _____ Length of Time Employed: _____ to _____

Other Source(s) of Income & Amount(s) _____

Cash on Hand & on Deposit _____ Value of Stocks, Bonds, Notes _____

Monthly Rent or Mortgage _____ Market Value of Real Estate _____

Monthly Expense for Food _____ Transportation _____ Medical _____

Child Support or Child Care _____ Utilities _____ Phone _____

Insurance _____ Credit Cards _____ Loans _____

Other Debts (specify) _____

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

(signature)

CERTIFICATE OF SERVICE

A copy of this Motion for Hearing on Ability to Pay was served upon the Chief City Prosecutor, by and
through the Clerk of Court, this _____ day of _____, 20__.

(signature)

**Please Note: You have the right to be represented by counsel at the hearing and to
testify and present evidence as to your ability to pay the fine.**