

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)

Cell Phone Number

Email Address

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.**