

IN THE CLEVELAND HEIGHTS MUNICIPAL COURT  
CUYAHOGA COUNTY, OHIO

City of Cleveland Heights  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

Case No.: \_\_\_\_\_

**FINANCIAL HARDSHIP FORM**

I presently owe monies to the Court and  I am unable to make this month's payment;  I am unable to pay the balance due before the final payment deadline;  I am requesting a payment plan.

Personal	
Applicant's First Name	Applicant's Last Name
Applicant's Date of Birth	Last 4 Digits of Applicant's SSN
Applicant's Address	

The reason I am unable to pay the full amount/make the current payment is because of the following reason(s):

I would propose the following to resolve the fines and costs owed to the Court (must be approved by the Court):

In order to be considered, I am providing the following information (required):

Other Persons Living in Your Household			
First Name	Last Name	Is this person a child under 18?	Relationship (Spouse or Child)
		Yes No	
		Yes No	
		Yes No	
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>i</sup> : ___ SSI <sup>ii</sup> : ___ Medicaid <sup>iii</sup> : ___ Veterans Pension Benefit <sup>iv</sup> : ___ SNAP / Food Stamps <sup>v</sup> : _____			
Monthly Income			
I am NOT able to access my spouse's income			
	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)	\$	\$	\$
<b>TOTAL MONTHLY INCOME</b>			\$
Liquid Assets			
<b>Type of Asset</b>		<b>Estimated Value</b>	
Cash on Hand		\$	
Available Cash in Checking, Savings, Money Market Accounts		\$	
Stocks, Bonds, CDs		\$	
Other Liquid Assets		\$	
<b>Total Liquid Assets</b>		\$	

Monthly Expenses				
Column A			Column B	
Type of Expense	Amount		Type of Expense	Amount
Rent / Mortgage / Property Tax / Insurance	\$		Insurance (Medical, Dental, Auto, etc.)	\$
Food / Paper Products/Cleaning Products/Toiletries	\$		Child or Spousal Support that You Pay	\$
Utilities (Heat, Gas, Electric, Water / Sewer, Trash)	\$		Medical / Dental Expenses or Associated Costs of Caring for a Sick or Disabled Family Member	\$
Transportation / Gas	\$		Credit Card, Other Loans	\$
Phone	\$		Taxes Withheld or Owed	\$
Child Care	\$		Other (e.g. garnishments)	\$
<b>Total Column A Expenses</b>	\$		<b>Total Column B Expenses</b>	\$
<b>TOTAL MONTHLY EXPENSES (Column A + Column B)</b>			\$	

I hereby certify that the information I have provided on this Financial Hardship Form is true to the best of my knowledge. I acknowledge that any time-to-pay agreement must be approved by the Court. If I enter into a payment plan and then fail to make an agreed payment or other obligation, there may be additional sanctions including but not necessarily limited to registration and license blocks, civil execution, and/or imposition of jail. I further understand that this case may be set for either a remote or in-person hearing, and the notice of that hearing will be sent either to the address or the email provided below.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_