

IN THE ASHTABULA COUNTY COURTS  
WESTERN DIVISION - GENEVA, OHIO

STATE OF OHIO )  
CITY OF GENEVA )  
PLAINTIFF, )  
VS )  
DEFENDANT )

CASE NO:  
(list all cases that apply to motion)  
JUDGE DAVID A. SCHROEDER  
**MOTION FOR COMMUNITY SERVICE  
WORK TO SATISFY FINES & COSTS**

Now comes Defendant and requests this Court to approve Community Service Work in lieu of paying Fines and Costs in the above mentioned case(s) for the following reason:

(Include Completed Affidavit of Indigence and other pertinent income information)

Respectfully Submitted

\_\_\_\_\_  
Defendant Signature/Attorney for Defendant

Address:

Phone:

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing motion was served upon the  
 State of Ohio Prosecutor, 25 West Jefferson Street, Jefferson, Ohio 44047  
OR  
 City of Geneva Solicitor, 44 North Forrest St, Geneva, Ohio 44041  
Through  Hand Delivery/Personal Service  Regular U.S. Mail this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Official Use Only

\_\_\_\_\_  
Defendant

<b>Court Order</b> <input type="checkbox"/> Denied <input type="checkbox"/> Granted Additional Information: _____ _____ _____ David A. Schroeder, Judge Ashtabula County Courts, Western Division Date
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**Probation Officer:**

I PERSONAL INFORMATION			
Name/Applicant	Social Security Number	D O B	
Mailing Address	City	State	Zip
Case No	Phone	Message Phone (within 48 hours)	

II OTHER PERSONS LIVING IN HOUSEHOLD					
Name	D O B	Relationship	Name	D O B	Relationship
1)			3)		
2)			4)		

III INCOME AND EMPLOYMENT INFORMATION			
Type of Income	Applicant/Self	Spouse	Total Income
Gross (before taxes) monthly income			
Unemployment, Worker's Compensations, Child Support and other types of INCOME			
Total Income			

Employer's Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Employer's Address/City/State/Zip: \_\_\_\_\_

V LIQUID ASSETS	
Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CD's	\$
Other Liquid Assets or Cash on Hand	\$
Total Liquid Assets	\$

VI MONTHLY EXPENSES			
Types of Expense	Amount	Types of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (if working only)		Transportation for work/Fuel	
Insurance		Taxes Withheld or Owed	
Medical/Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Cards, Other Loans	
Rent/Mortgage		Utilities (Gas, Electric, Water/Sewer, Trash)	
Food		Other (specify)	
Expenses	\$	Expenses	\$

VII Determination of Indigency	
<b>Total Income</b> <b>Total Liquid Assets</b> <b>Total Expenses</b> <b>Total Adjusted Income</b>	I hereby swear that the information I have provided is true and accurate.  _____ Applicant/Signature <span style="float: right;">Date</span>

<p><b>Notary Public/Individual Authorized to Administer Oath:</b>                  Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____ 20____.</p> <p>_____                  Signature <span style="float: right;">Title</span></p>	<p>Approval/Denial of request by Judge: ( ) Approved ( ) Denied</p> <p>_____                  Judge <span style="float: right;">Date</span></p>
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