

IN THE ASHTABULA COUNTY COURTS  
WESTERN DIVISION - GENEVA, OHIO

STATE OF OHIO	)	CASE NO:
CITY OF GENEVA	)	
	)	
PLAINTIFF,	)	(list all cases that apply to motion)
	)	
	)	
VS	)	JUDGE MICHELLE M. FISHER
	)	
	)	<b><u>MOTION FOR COURT/IDIAM PAYMENT</u></b>
	)	<b>Electronically Monitored House Arrest</b>
	)	<b>SCRAM/Continuous Alcohol Monitoring</b>
DEFENDANT	)	<b>Ignition Interlock</b>

Now comes Defendant and requests this Court to approve COURT/IDIAM PAYMENT for Electronically Monitored House Arrest, SCRAM/CAM, Ignition Interlock in the above mentioned case(s) for the following reason:

(Include Completed Affidavit of Indigence and other pertinent information)

Respectfully Submitted

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

Address:

Phone:

Official Use Only

<p><b>Court Order</b></p> <p><input type="checkbox"/> <b>APPROVED FOR PAYMENT</b></p> <p>The Court finds that defendant is indigent and orders that the cost of the remote alcohol monitoring required by the Court herein be paid from this date forward, until further order, from this Courts special projects funds established under O.R.C. 1907.24 pursuant to O.R.C. 4511.19. Defendant is advised that any changes in income must be reported to the court within 10 days or further penalty may be imposed.</p> <p>Additional Orders regarding approved payment: _____</p> <p><input type="checkbox"/> <b>DENIED FOR PAYMENT</b></p> <p>The Court finds that defendant IS NOT INDIGENT and therefore the request submitted to have the cost of the remote alcohol monitoring required by the Court herein be paid from this date forward (February 26, 2021), until further order, from this Courts special projects funds established under O.R.C. 1907.24 pursuant to O.R.C. 4511.19 IS RESPECTFULLY DENIED.</p> <p>It Is So Ordered.</p> <p>_____ Michelle M. Fisher, Judge Ashtabula County Courts, Western Division</p> <p>_____ Date</p>
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Court IDIAM payment: \$5.00 due at time of filing

Assigned Probation Officer: \_\_\_\_\_

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)		
<b>Expenses</b>		<b>\$</b>	<b>Expenses</b>		<b>\$</b>

**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 Date
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<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 _____.  _____ Signature Title	Approval/Denial of request by Judge: ( ) Approved ( ) Denied  _____ Judge Date
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