

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 DAVID A. SCHROEDER
)	
)	<u>MOTION FOR COURT/IDIAM PAYMENT</u>
)	Electronically Monitored House Arrest
)	SCRAM/Continuous Alcohol Monitoring
DEFENDANT)	Ignition Interlock

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

Court Order

APPROVED FOR PAYMENT

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.

Additional Orders regarding approved payment:

DENIED FOR PAYMENT

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 (March 18, 2013), 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.

It Is So Ordered.

David A. Schroeder, Judge Ashtabula County Courts, Western Division

Date

Probation Officer:

1 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

Total Income Total Liquid Assets Total Expenses Total Adjusted Income	_____ + _____ _____ _____	I hereby swear that the information I have provided is true and accurate. _____ Applicant/Signature Date
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Notary Public/Individual Authorized to Administer Oath: 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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