

**IN THE COURT OF APPEALS
NINTH JUDICIAL DISTRICT
_____ COUNTY, OHIO**

_____)	C.A. No.	_____
(Name of Plaintiff))		
)		
)		
_____)		
(Appellant\Appellee))		
V.)		
)		
_____)	MOTION TO PROCEED IN FORMA PAUPERIS	
(Name of Defendant))		
)		
)		
_____)		
(Appellant\Appellee))		

I, _____, move this Court for an order allowing me to proceed in forma pauperis. I state that I am financially unable to pay the filing fee at the time of filing and that my financial circumstances are outlined in the Affidavit of Indigency being filed with this Motion. I understand that if the Court grants this motion, I will not have to pay the cost deposit, but that I will have to pay the costs of the appeal if I am the losing party. Local Rule 2(C) of the Ninth District Court of Appeals.

(Signature and contact information)

PROOF OF SERVICE

I certify that a copy of this motion was served by regular mail upon [list parties to the appeal], _____,
on [date] _____.

Signature