

REQUIRED DOCUMENTS TO APPLY FOR
TRUSTEESHIP

- Copy of 15 day demand letter from creditor or copy of affidavit of garnishment from your employer
- Copy of your current pay stub
- Copy of all bills you wish to enter into trusteeship showing current balance due, account number and address of creditor. If account is being collected by a collection agency or attorney, please list name and address of said collector as well.
- Completed application for appointment of trustee
- \$35.00 filing fee
- Trusteeship will not be effective until first payment is made. You may make your first payment when you apply or upon receipt of your first pay thereafter

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT
THE ABOVE INFORMATION

**PORTAGE COUNTY MUNICIPAL COURT
CIVIL DIVISION
P.O. BOX 958
RAVENNA, OH 44266
330-297-3635**

THE STATE OF OHIO
SS
PORTAGE COUNTY

APPLICATION FOR APPOINTMENT
OF TRUSTEE, IN ACCORDANCE WITH
REV. CODE SECTION 2329.70.

DEBTOR NAME, ADDRESS & PHONE

APPLICATION NO

VS

CREDITORS

I, the undersigned, having had a demand made upon me in accordance with Section 1911.40 of the Ohio Revised Code, and desiring to take advantage of the provisions of Section 2329.70 & 2329.71 of the Ohio Revised Code, herewith respectfully make application to this Court for the appointment of a Trustee to receive that portion of my personal earnings not exempt from execution, attachment or proceedings in aid of execution, and such additional sums if any, as I may voluntarily pay.

The following is an accurate, full and complete statement of the names and addresses of all my creditors, secured and unsecured, the amounts due each and the type of security involved.

SOCIAL SECURITY # _____

Place of employment _____

Address _____ Phone _____

Average (weekly, bi-weekly, monthly) Net Wage _____

Paid on (day or date) _____ of each (week, month) _____

Dependents (number and relationship) _____

If the above application is approved, I agree to pay into the Court every pay day that amount required by statute, and such additional sums, if any, as I may voluntarily pay.

NAME OF CREDITOR

ADDRESS

ACCT#

AMT DUE

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TOTAL OWED _____

The undersigned, being duly sworn, says that the foregoing statements are full, accurate, and complete.

FIRST PAYMENT TO BE MADE ON _____
AMOUNT TO BE PAID EACH PAY DAYS\$ _____

DEBTOR SIGNATURE

Sworn to and subscribed before me, this _____ day of _____ 20__.

DEPUTY CLERK