

FRANKLIN COUNTY MUNICIPAL COURT

**Lori M. Tyack, Clerk
Trusteeship Division
375 South High Street, 3rd Floor
Columbus, Ohio 43215
(614) 645-7420
www.fcmcclerk.com**

TRUSTEESHIP CASE # _____ CVT _____

NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE; HOME () _____ WORK () _____ CELL () _____

EMAIL ADDRESS: _____

APPLICATION FOR APPOINTMENT OF TRUSTEE

Now comes the Applicant, _____ and states that he/she is employed by _____ located at _____ and that personal earnings are \$_____, (Weekly, Bi-Weekly, Semi Monthly, Monthly).

Applicant further states that a fifteen (15) day demand has been made upon him/her in accordance with the **ORC 2716.02** and requests the Court to appoint Lori M. Tyack, Trustee, to receive that portion of his/her personal earnings not exempt from execution, attachment, or proceedings in aid of execution, and such additional sums as he/she may voluntary pay or assign to the Trustee.

The applicant further states that he/she has not had a Trusteeship which was dismissed, **for any reason**, within six (6) months from the date of filing this application.

Is the applicant head of household? Yes No

Does the applicant have dependants?
If so, applicant is required to list below:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the applicant being filed by an attorney? Yes No
If so, please indicate below:

Name: _____ Address: _____
AttorneyCode: _____ AttorneyFee: _____

*Please consult Rule #3 under rules and procedures for an explanation of attorney fee priority.

The following section requires the applicant to list the names of secured and unsecured creditors with liquidated claims. If the account is being collected by a collection agency, attorney or other party, please list the name and address of said collector as well. For further explanation, consult steps 4-7 of the rules and procedures guide.

NOTE: When listing an account for the phone company, applicant must include the complete phone number for the property when the bill was accrued. This is the account number for that creditor.

Account #	Creditor	Complete Mailing address	\$
Name on Account		Complete Billing address	Amount Owed Secured Debt
Collection Agency		Complete Mailing Address	Unsecured Debt

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Total debt for this page \$ _____

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Total debt for this page \$ _____

TOTAL INDEBTEDNESS \$ _____

Wherefore, petitioner asks the clerk of this court to be appointed as Trustee.

State of Ohio

Franklin County ss

_____, being first duly cautioned and sworn, deposes and says that he/she is the petitioner herein and that the facts stated and allegations contained in the foregoing application are true as he/she verily believes.

Applicant Signature

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Attorney for Applicant

Notary Public or Deputy Clerk