

FRANKLIN COUNTY MUNICIPAL COURT COLUMBUS, OHIO

Rules and Procedures Guide for Completing the Trusteeship Application

Dear Applicant:

PLEASE READ THE RULES AND PROCEDURES GUIDE CAREFULLY BEFORE STARTING TO FILL OUT YOUR APPLICATION.

- Please print legibly in ink.** All sections must be answered. An incomplete application cannot be processed and will not be accepted until it has been completed.
- Determining the amount of applicant's earnings.** Take the gross pay for the pay period and subtract the Federal, State and Local tax withholdings as well as the FICA/Retirement withholding. Other payroll deductions (child support, alimony, IRA's, 401K's, health insurance, etc) are not permitted.
- Attorney fee priority.** Attorneys charging a fee to file the Trusteeship application are entitled to the first \$100.00 disbursed on the case. If the filing amount exceeds \$100.00, the balance will be placed with the other creditors and will be paid through the pro rata disbursement.
- Secured Creditors.** One who has a chattel, mortgage, or a lien on the property, the applicant posted collateral which the creditor may repossess in order to satisfy the debt. Such creditors would include a mortgage payment, car payment, consumer loan with collateral, etc.
- Unsecured Creditors.** A creditor who possesses no collateral. There is only a monetary amount which can be collected to satisfy a debt. Such creditors would include professional fees, revolving charge card accounts, any type of medical bill.
- Liquidated Claims.** A debt owed to a creditor where there is a final balance due which is incapable of additional charges except for interest; charge card where privileges have been revoked, utility bills from a previous address, professional bills, consumer loans, etc.
- Example.** Completely fill in all pertinent information that is required.

<u>0000-A</u>	<u>ABC BANK</u>	<u>1700 ZERO RD COLUMBUS, OHIO</u>	<u>43215</u>
Account #	Creditor	Complete Mailing Address	
<u>JOE APPLICANT</u>	<u>1234 HOME ADR,</u>	<u>COLUMBUS OH 43200</u>	<u>\$ 5,000.00</u>
Name on Account	Complete Billing Address	Amount Owed	
<u>XYZ COLLECTION AGCY,</u>	<u>1500 ADDRESS AVE COLS OH 43215</u>	Secured Debt	
Collection Agency	Complete Mailing Address	Unsecured Debt	

- a. **Account # and Creditor:** please provide the complete account number, the entire name and address of the creditor. If it is a medical bill fill in the name of the business where service was provided.
 - b. **Name on Account:** This would be you or your spouse's name with complete mailing address.
 - c. **Collection Agency:** If the account is being collected by someone other than the creditor, (a collection agency or an attorney) please list the complete name and mailing address of the agency. If they reference a different account number, please include that number.
8. **Total indebtedness:** Total all balances owed to the listed creditors. If application was filed by an attorney, include the fee he/she charged as a creditor on the application.
 9. The application **MUST** be signed in the presence of a Deputy Clerk or sealed by a Notary Public.
 10. At the time of filing you **must provide;** **1)** the trusteeship application (incomplete applications will not be accepted). **2)** A copy of the fifteen (15) day Demand for payment letter (Notice of Court action to collect the debt). **3)** Statement of Earnings for the past thirty (30) days and **4)** Filing Fees; **\$30.00 plus an additional \$6.00 per creditor listed,** in the form of cash or Money Order only. Personal checks, Credit or Debit cards are **Never** accepted for Trusteeship.

PLEASE NOTE

THE CLERK WILL NOT ACCEPT FILINGS FOR TRUSTEESHIP UNLESS ALL 4 (FOUR) ITEMS LISTED IN PARAGRAPH 10 (TEN) ARE PRESENT. PLEASE REFER TO LOCAL RULE 6.02 FOR FURTHER EXPLANATION.

FOR QUESTIONS CALL THE TRUSTEESHIP DEPARTMENT AT
(614) 645-7420