

**FAIRFIELD COUNTY MUNICIPAL COURT  
TRUSTEESHIP INSTRUCTIONS**

The purpose of the law, which makes this agreement possible, is to give you an opportunity to pay your obligations in an orderly and creditable manner in line with your income, without fear of garnishment proceedings. Any attempt by a creditor listed in your Trusteeship to enforce a collection of its claim should be brought to the attention of the Civil Division of this Court. The following steps must be completed:

1. Complete the Application for Appointment of Trustee. All creditor information must be supplied by you with all pertinent account information.
2. Attach a copy of the 15-day demand and submit the application to the Civil Division. The Civil Division will schedule a hearing date in approximately four to six weeks. You are required to be present at the hearing. All creditors will be notified, in writing, of your filing of an Application for Appointment of Trustee, as well as the hearing date, by the Civil Division. The filing of an Application for Appointment of Trustee may not prevent a current garnishment; however, once the Court Orders the Trusteeship, future garnishment of personal earnings will be prevented.

Once the Court Orders the Trusteeship, it will be subject to court costs of two percent (2%) of payments received and the following rules. **IMPORTANT:** Failure to comply with the rules will result in dismissal of your Trusteeship in accordance with the law, ORC §2329.70. If your Trusteeship is dismissed for non-payment, it shall not be reinstated and you will not be granted a new Trusteeship for a period of six (6) months from the date of dismissal.

1. Payments of twenty-five percent (25%) of your disposable (after tax) income must be made within one week of each and every pay period. You may voluntarily pay additional amounts above the minimum 25%. Make your check or money order payable to Fairfield County Municipal Court.
2. Whether cash, money order or check is brought in personally, or the check is mailed, you must include a copy of your pay-stub showing the amount received during the pay period. Write the case number on your check and mail to:

Fairfield County Municipal Court  
P.O. Box 2390  
Lancaster, OH 43130-5390

3. You must contact this office in the event of unemployment and each month thereafter, until reemployed to avoid dismissal of your Trusteeship. An affidavit must be filed in the Clerk's Office, verifying unemployment or illness.
4. You must notify this office of changes in your residence, telephone number, or your employment.
5. Failure to make two (2) payments will result in the dismissal of your Trusteeship.

Dated: August 3, 2015

Valeda A. Slone, Clerk of Court  
Civil Division  
Telephone (740) 687-6621

**FAIRFIELD COUNTY MUNICIPAL COURT  
P.O. BOX 2390  
LANCASTER, OH 43130-5390  
CIVIL DIVISION: (740) 687-6621**

**APPLICATION FOR APPOINTMENT OF TRUSTEE (§2329.70)**

**IN THE MATTER OF:**

**CASE NO:** \_\_\_\_\_

NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
HOME TELEPHONE:	WORK TELEPHONE:
SOCIAL SECURITY NUMBER:	

The above named applicant states that a 15-day demand has been made upon him/her in accordance with Ohio Revised Code §2716.02 and requests the Court to appoint Valeda A. Slone, 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 voluntarily 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. The applicant further states that he/she is employed by:

EMPLOYER'S NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
AVERAGE WAGE: \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY

The number of dependents residing with, age and relationship to the applicant:

	Age _____	Relationship: _____
	Age _____	Relationship: _____
	Age _____	Relationship: _____
	Age _____	Relationship: _____

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.

<b>1) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>2) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>3) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>4) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>5) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>6) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>7) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		

<b>8) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>9) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>10) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>11) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>12) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>13) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>14) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>15) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		

<b>16) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>17) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>18) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>19) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>20) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>21) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>22) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		
<b>23) CREDITOR:</b>	<b>ACCOUNT NUMBER:</b>	<b>AMOUNT OWED:</b>
		\$
ADDRESS:		<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED
CITY, STATE, ZIP CODE:		

<b>TOTAL DEBT OWED:</b>	\$
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Wherefore, the applicant requests the clerk of this court to be appointed as Trustee.

State of Ohio  
Fairfield County

\_\_\_\_\_, being first duly cautioned and sworn, deposes and says that he/she is the applicant herein and that the facts stated and allegations contained in the foregoing application are true.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Notary Public, Clerk, Deputy Clerk