



Affidavit of Indigency

AFFIDAVIT

Date of Request: _____ Name: _____

Address: _____
Street City State Zip

Telephone: _____ Email: _____

I am entitled to request waiver of the first \$20.00 of fees under the Michigan FOIA for the following reason(s):

- I have not been offered or provided payment or other remuneration for making this request. (Required)
- I am indigent and currently receiving specific public assistance in the amount of \$ _____ per _____ week/month/year

Case No. _____ Type of Assistance _____

I am not receiving public assistance, but am unable to pay the fee because of indigency, based on the following facts:

Income: _____
Employer name and address _____

_____ per _____
Length of present employment Average annual gross pay Average net pay week/month

Assets: State the value of all real property, vehicles, bank deposits, bonds, stocks, or other assets owned by you; use the back of this form, if necessary.

Other Facts: State any other facts showing indigency; use the back of this form, if necessary.

Signature

Sworn or affirmed before me on _____,

_____, Notary Public
County, State of Michigan

Commission Expires: _____
Acting in the County of _____

Affidavit of Indigency

Designated Requester Form

Complete this form only if you are preparing an Affidavit of Indigency for someone other than yourself.

1. I have personal knowledge of the facts appearing in this affidavit.
2. The person on whose behalf this affidavit is filed is unable to sign it because he/she is:

Under 18 _____
(Please provide the person's date of birth)

Other _____
(Please describe other relevant reason(s))

Please describe your relationship to the person on whose behalf the affidavit is filed: _____

Your name (type or print): _____

Address _____
Street City State Zip

Phone _____ Email _____

Signature _____ Date _____

Sworn or affirmed before me on _____,

_____, Notary Public

Commission Expires: _____

_____ County, State of Michigan

Acting in the County of _____