



PROSECUTOR'S OFFICE
WASHTENAW
 COUNTY *Michigan*

Affidavit of Indigency

Freedom of Information Act

Submit this affidavit if you are seeking a waiver of costs due to indigency. If you are preparing this affidavit for another person, please also fill out the attached Designated Requester form.

Please submit to:
Washtenaw County Prosecutor
Attn: FOIA Coordinator
200 N. Main St, PO Box 8645
Ann Arbor, MI 48107-8645

Tel: (734)222-6620
Fax: (734)222-6610
Email: PAFOIA@washtenaw.org

Under the Michigan FOIA, the Prosecutor's Office will search for a copy a public record without charge for the first \$20.00 of the fee for up to 2 requests per year made by an individual who is entitled to information and who submits an affidavit stating that the individual is indigent and receiving specific public assistance or is otherwise unable to pay due to 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 of any kind 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 the 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 additional sheets if necessary.

Other (state any other facts demonstrating indigency. Use additional sheets if necessary):

 Requester's Signature Sworn or affirmed before me on _____

Notary signature: _____
 _____, Notary Public Commission Expires: _____
 _____ County, State of Michigan
 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))

Your relationship to the person on whose behalf the affidavit is filed:

Phone: _____

Email: _____

Signature: _____

Date: _____

Sworn or affirmed before me on _____

Notary signature: _____

_____, Notary Public Commission Expires: _____

_____ County, State of Michigan

Acting in the County of: _____