

**IN THE COURT OF APPEALS
FIRST APPELLATE DISTRICT OF OHIO
HAMILTON COUNTY, OHIO**

STATE OF OHIO
Plaintiff

CASE NO. _____

vs.

AFFIDAVIT OF INDIGENCY

Defendant

_____, the undersigned, being first duly sworn, does depose and states:

1. That I am a party in the above styled case;
2. That I am indigent and unable to pay the costs and charges involved in the within matter;
3. I submit the following information in support of my assertion of indigency;

A. I receive the following public benefits:

Ohio	SSI	Medicaid	Veteran	SNAP
Works			Pension	Food
First			Benefit	Stamps

B. I was appointed counsel at the trial court or otherwise found indigent:

Yes No

C. Gross Monthly Income \$ _____

D. Monthly Expenses \$ _____

E. Number of people in my household _____

4. The information set forth above is true and complete to the best of my knowledge and belief.

Signature, Appellant – Indigent

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE THIS _____ DAY OF _____, _____

NOTARY PUBLIC