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

STATE OF OHIO CASE NO. _____
Plaintiff

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 Works First ☐ SSI ☐ Medicaid ☐ Veteran Pension Benefit ☐ SNAP Food 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

Form 3.1