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 Risk Management
220 N. Main Street, PO Box 8645
Ann Arbor, MI 48107
Tel: (734)222-6735
Fax: (734)222-6758
FOIA@ewashtenaw.org

Under the Michigan FOIA, the County will search for and 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 indigency, based on the following facts:

Income: ______________________________________________________________

Employer name and address

Length of present employment ___________ Average annual gross pay ___________ Average net pay ___________ per __ 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: ____________________________

_______________________________, 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))

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

Sworn or affirmed before me on______________________________.
______________________________________________________________________________

_____________________________, Notary Public                  Commission Expires:____________________________

_____________________________ County, State of Michigan        Acting in the County of ___________________