

**SUBMIT TO: FOIA COORDINATOR**

**FOIA FEE WAIVER/AFFIDAVIT OF INDIGENCE**

Michigan Freedom of Information Act, Public Act 442 of 1976; MCL 15.231, et seq.

Request #: 20 \_\_\_\_\_ - \_\_\_\_\_ Date Fee Waiver/Affidavit of Indigence Received: \_\_\_\_\_

Submit this affidavit to seek a waiver of costs due to indigency. An affidavit completed by an individual on behalf of a person claiming indigency must also complete the **Designated Requestor Form** on the reverse side of this form. The FOIA Coordinator will discount the first \$20.00 of the processing fee if the person requesting a public record submits an affidavit stating they are:

- Indigent and receiving specific public assistance; or
- If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.

**AFFIDAVIT**

**REQUESTOR: Print or type below information:**

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Firm/Organization: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am eligible to request a waiver of the first \$20.00 of fees under Michigan Freedom of Information Act due to:  
 I am currently receiving public assistance in the amount of: \$ \_\_\_\_\_ per  WEEK  MONTH  YEAR  
Case No.: \_\_\_\_\_ Type of Assistance: \_\_\_\_\_

I am unable to pay the fee because of indigency based on the following facts:

<b>INCOME:</b>	EMPLOYER NAME	EMPLOYER ADDRESS
	LENGTH OF PRESENT EMPLOYMENT	AVERAGE ANNUAL GROSS PAY

**ASSETS:** List the dollar value of all real property, vehicles, bank deposits, bonds, stocks, or other assets owned by you below. Attach an additional sheet to this form if necessary.

1. _____ \$ _____	4. _____ \$ _____
2. _____ \$ _____	5. _____ \$ _____
3. _____ \$ _____	6. _____ \$ _____

**OTHER FACTS:** State any other facts showing indigency; use the back of this form, if necessary.

\_\_\_\_\_  
SIGNATURE OF PERSON CLAIMING INDIGENCE DATE

STATE OF MICHIGAN )  
                                  ) SS.  
COUNTY OF Marquette

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_  
NAME OF PERSON CLAIMING INDIGENCE

\_\_\_\_\_  
NOTARY SIGNATURE  
\_\_\_\_\_, Notary Public  
PRINTED NAME OF NOTARY

\_\_\_\_\_  
County, State of Michigan  
My Commission Expires: \_\_\_\_\_  
Acting in the County of: \_\_\_\_\_

# Affidavit of Indigency

## Designated Requester Form

Complete only if you are preparing an **FOIA FEE WAIVER AFFIDAVIT OF INDIGENCE** for someone other than yourself.

- I have personal knowledge of the facts appearing in this affidavit.
- The person on whose behalf this affidavit is filed is unable to sign it because he/she is:
  - Under 18  

\_\_\_\_\_

DATE OF BIRTH OF PERSON CLAIMING INDIGENCY
  - Other: (Describe) \_\_\_\_\_

Describe your relationship to the person on whose behalf this affidavit is filed below:

\_\_\_\_\_

**DESIGNATED REQUESTOR: Print or type below information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

PHONE

E-MAIL

\_\_\_\_\_  
SIGNATURE OF DESIGNATED REQUESTOR

\_\_\_\_\_  
DATE

STATE OF MICHIGAN     )  
                                  ) ss.

COUNTY OF Marquette

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

NAME OF PERSON CLAIMING INDIGENCY

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_, Notary Public

\_\_\_\_\_  
PRINTED NAME OF NOTARY

\_\_\_\_\_ County, State of Michigan

My Commission Expires: \_\_\_\_\_  
Acting in the County of: \_\_\_\_\_