

**Office of Prosecuting Attorney for Iosco County**  
**Affidavit of Indigency**  
**for Copies of Public Records**

The undersigned requests a copy of the following record from the Office of Prosecuting Attorney for Iosco County, Iosco County, Michigan.

Describe record desired:

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Pursuant to Section 4(1) of the Freedom of Information Act, the undersigned being first duly sworn deposes and says: **(Fill out either A or B)**

- A. On this date I am receiving public assistance as referred to in the Freedom of Information Act.
  
- B. I am not receiving public assistance as referred to in the Freedom of Information Act, but I am unable to pay the cost of the copies of records which I have requested and in support of my assertion I show and swear the following facts are true:
  1. That I have no funds with which to pay for the copies except \$\_\_\_\_\_.
  2. That I own no property, real or personal, which could be sold to raise funds with which to pay for the copies except \_\_\_\_\_.
  3. That I do , do not  have a spouse who is dependent upon me for support.
  4. That I do , do not  have \_\_\_ minor children dependent upon me for their support.
  5. That I owe child support payments in the amount of \$\_\_\_\_\_ per week to the Friend of the Court and an arrearage of \$\_\_\_\_\_.
  6. All of my assets do , do not  exceed my liabilities. If liabilities exceed assets, they do so by \$\_\_\_\_\_.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

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Notary Public,  
Iosco County, Michigan  
My Commission Expires: \_\_\_\_\_