

**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)

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 Date: _____

Sworn or affirmed before me on _____,

_____, Notary Public Commission Expires: _____

_____ County, State of Michigan Acting in the County of _____