FREEDOM OF INFORMATION ACT AFFIDAVIT OF

INDIGENCY REQUESTING PARTIAL WAIVER OF COSTS

The applicant, being duly sworn and subject to penalties of perjury, states as follows:

1. That I am making this affidavit on personal knowledge and everything herein is true and correct to the best of my knowledge.
2. That I am making a request for public records from Health Newberry Joy Hospital & Healthcare Center pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first $20 of fees and costs associated with this request be suspended as allowed by the Freedom of Information Act. I am indigent and (pick A or B, not both)
3. I’m currently receiving public assistance: $\_\_\_\_\_\_\_\_\_\_\_\_, per \_\_\_\_\_\_\_\_\_\_\_ (week, month), Case NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I am not receiving public assistance, but I am unable to pay these fees and costs because of indigency, based on the following facts: **Please fill out completely (HNJH reserves the right to ask for additional information)**

INCOME:

Employer Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average gross per pay period (week/month/bi-weekly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average net per pay period (week/month/bi-weekly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc. (attach necessary pages)

1. I have not received more than two discounted copies from HNJH in the current calendar year.
2. This request is not being made in conjunction with outside parties in exchange for payment or other form of compensation or remuneration.

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Signature of Applicant Date Printed Name of Applicant

Subscribed and sworn to before me

This \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, \_\_\_\_\_, by the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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