

**ORIGINAL**

AFFIDAVIT OF INDIGENCY

FILED  
COURT OF CLAIMS  
OF OHIO

2013 NOV 12 PM 12:41

STATE OF OHIO,  
COUNTY OF FRANKLIN,SS:

**2013-00671**

ROY Buchanan, being first, sworn, deposes and says that (s)he is a party in the above entitled cause, that said cause is brought in the Domestic Relations Division of the Common Pleas Court of Franklin County, Ohio, requesting \_\_\_\_\_ that (s)he is:

\_\_\_\_\_ employed  unemployed \_\_\_\_\_ a recipient of ADC / SSI / SSD

and is without sufficient financial means to prepay or give security to the costs of said action. Affiant further says that (s)he has no money with which to pay the costs of said action, that (s)he has no available real property or personal property with which to secure the payment of said costs that my accrue; nor is (s)he able to give bond or any other security to cover said costs as provided by law.

I understand that if the security for costs is waived, and it is later determined that I was not entitled to such a waiver, I will be required to pay the costs associated with this action. I further, understand that I am subject to criminal prosecution for providing false financial information in connection with this indigency affidavit.

This affidavit is made in accordance wit O.R.C. 2323.31 and in conformity with the order of the Domestic Relations Division of the Common Pleas Court of Franklin County, Ohio. I hereby certify that the information provided herein is true to the best of my knowledge.

*ROY Buchanan*

Affiant

Sworn to before me and subscribed in my presence this 5<sup>th</sup> day of Nov, 20 13.

*Alvin Bantle*  
Notary Public

*expires 11/9/13*

**ON COMPUTER**

MONTHLY EXPENSES / LIABILITIES

Expense / Liability	Amount Debtor Self/Household Member	Expense / Liability	Amount Debtor Self/Household Member
Expense / Liability	Amount Debtor Self/Household Member	Expense / Liability	Amount Debtor Self/Household Member
Child Support Paid	N/A	Child Care (only if working)	N/a
Work Transportation	N/A	Medical / Dental (Uninsured)	N/A
Medical Insurance	N/A	Cost for caring for Infirm Family Member	N/A
Rent /Mortgage	N/A	Food	N/A
Electric	N/A	Gas	N/A
Telephone	N/A	Cable TV	N/A
Water /Sewer/ Trash	N/A	Credit Cards (specify)	N/A
Loans (Specify)	N/A	Taxes	N/A
Other (Specify)	N/A	Other (Specify)	N/A
Other (Specify)	N/A	Other (Specify)	N/A
Total	N/A	Total	N/A

ASSET INFORMATION

Type of Asset	Describe Length of Ownership (Make, Model, Year [if applicable])	Estimated Value
Real Estate / Home	N/A	
Stocks / Bonds / CD's	N/A	
Automobile 1	N/A	
Automobile 2	N/A	
Truck(s) / Motorcycle(s) / Boat(s)	N/A	
Other Valuable Property	N/A	
Cash on Hand	N/A	
Money Owed to Defendant	N/A	
Checking Acct. (Bank Acct. #)	N/A	
Savings Acct. (Bank Acct. #)	N/A	
Credit Union (Name / Acct. #)	N/A	
TOTAL	N/A	

**FINANCIAL DISCLOSURE/  
AFFIDAVIT OF INDIGENCY**

Mr Roy Buchanan  
PLANTIFF

CASE NO. \_\_\_\_\_

State OF Ohio  
DEFENDANT

FINANCIAL DISCLOSURE / AFFICAVIT OF INDIGENCY

NAME Roy Buchanan [REDACTED] DOB 6 /14 /1932

ADDRESS PO Box 59 CITY Nelsonville STATE Ohio 45764

PHONE (\_\_\_\_) N/A

OTHER PERSONS LIVING IN THE HOUSEHOLD

) NAME N/A AGE N/A RELATIONSHIP N/A

MONTHLY INCOME / EMPLOYMENT INFORMATION

Income Source:	Self	Spouse	Household Members	Total
Employment	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Unemployment	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Workers' Comp	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Pension	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Soc. Sec	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Child Support	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
ADC	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Disability	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Food Stamps	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Other	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Total	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>