

**Affidavit of Indigency  
Designated Requester Form**

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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 \_\_\_\_\_