

ORIGINAL

STATE OF OHIO

VS.

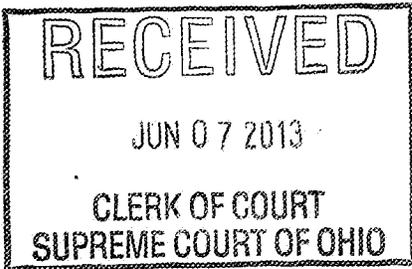
*Tyrone Martin*

13-0927  
CASE NO. 13-AP-16

**AFFIDAVIT OF INDIGENCY**

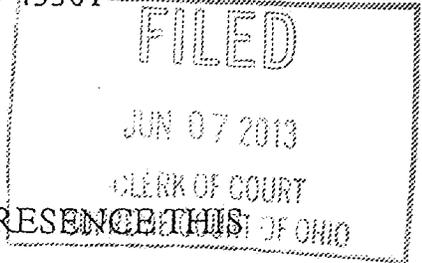
I, *Tyrone Martin* do hereby certify that I am without the necessary funds to pay the costs of this action for the following reason(s).

I am a state prisoner and only make 18.00 a month in state wages to purchase hygiene items, wherefore I am asking that all my fees be waived for copies and any other financial requirements for this legal matter.



RESPECTFULLY, SUBMITTED

*Tyrone Martin* 326.571  
PO. BOX 57  
MARION OHIO 43301



**NOTARY**

SWORN TO, OR AFFIRMED, AND SUBSCRIBED IN MY PRESENCE THIS

19<sup>th</sup> DAY OF May 2013

My expiration date is 2-1-2014

*Martha M. Jerew*  
Notary



MARTHA M. JEREW  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES:  
2-1-2014