

ORIGINAL

IN THE SUPREME COURT OF OHIO

STATE OF OHIO
Plaintiff-Appellee,

C.A. CASE NO. 26891

vs.

13-0994

MICHAEL CLAY
Defendant-Appellant.

AFFIDAVIT OF INDIGENCY

I, Michael Clay, do hereby state that I am without the necessary funds to pay the cost of this action for the following reasons; I am currently incarcerated at the Mansfield Correctional Inst. And I have been incarcerated since December 9, 2006. I work an assigned prison job, but only receive \$18.00 dollars per month. In addition, a continual co-pay for electrical use within the institution, as well as a medical co-pay at \$3.00. I am requesting that the filing fees, and deposit, if applicable, be waived. In addition, I am requesting that the required number of copies be waived as well.

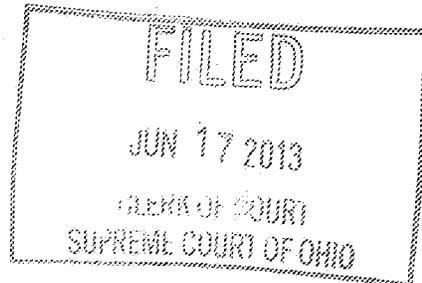
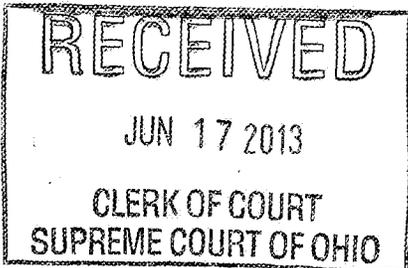
Michael Clay
Defendant-Appellant.

Sworn to, and subscribed in my presences a notary public, this 13th day of June, 2013.

John O. Babajide
NOTARY PUBLIC



JOHN O. BABAJIDE
NOTARY PUBLIC,
STATE OF OHIO
My Commission Expires
May 31, 2016



Ohio Department of Rehabilitation and Correction

SECTION I - To be completed by cashier prior to this form being presented to the inmate for completion of SECTION II - Affidavit of Indigency.

I, Cris Nash, cashier at the Mansfield Correctional Institution certify that the following is a true and accurate reflection of the status of the account maintained at this institution for the benefit of:

Inmate Name: <u>Michael Clay</u>	Inmate Number: <u>A-533044</u>
-------------------------------------	-----------------------------------

The Prison Litigation Reform Act (PLRA) requires that the time period to be considered is the preceeding six months. It also requires that, "...if financial activity is less than six months due to less than six months of incarceration, then note this fact on the statement. If lack of history is due to recent transfer, then obtain missing month-end reports from sending cashier to complete the six month period. The sending cashier must similarly certify the monthend reports."

The time period being reported below is: Six months Fewer than six months, beginning _____

The time period is fewer than six months, because: Period of Incarceration Transfer

Account Balance as of <u>04/12/2013</u> :	\$	<u>\$1.93</u>
Total state pay credited for the report period;	\$	<u>\$108.00</u>
Average monthly state pay for the report period;	\$	<u>\$18.00</u>
Total funds received from all sources, excluding state pay, for the report period;	\$	<u>\$437.85</u>
Total amount spent in inmate's commissary during the same period;	\$	<u>\$527.86</u>

Signature of Cashier: <u>Cris Nash (C)</u>	Date: <u>04/12/2013</u>
---	----------------------------

AFFIDAVIT OF INDIGENCY

SECTION II - To be completed by inmate after cashier's statement is completed.

I, Michael Clay, being first duly sworn, says that he/she does not have sufficient funds to pay the filing fee and other costs of prosecuting this complaint against the State of Ohio, Department of Rehabilitation and Correction, in the Court of Claims of Ohio and submits the cashier's statement (Section I) in support of said allegation of indigency.

I hereby represent that the Information set forth in the cashier's statement concerning my financial condition is true and complete to the best of my knowledge and belief.

Signature of Inmate: <u>Michael Clay</u>	Inmate Number: <u>A-533044</u>
---	-----------------------------------

Sworn to and subscribed to by me in my presence this 16TH day of APRIL, 2013.



JOHN O. BABAJIDE
NOTARY PUBLIC,
STATE OF OHIO
My Commission Expires
May 31, 2016

Notary Public: <u>[Signature]</u>
