

AFFIDAVIT OF INDIGENCY

I, Eddie Dudley, do hereby state that I am without the necessary funds to pay the cost of this action for the following reasons:

I am incarcerated at the Lorain Correctional Institution. I earn approximately \$17.00 per month from my prison job; a portion of which is taken to pay court costs and fines relating to my case. Pursuant to O.R.C. §5126.56, I am required to pay a three-dollar co-pay for any medical care I may require. Additionally, I am required to purchase any personal hygiene, over-the-counter medicinal products, laundry detergent, legal copies, stationary and postage that I may require. After purchasing the above stated necessities, I will not have sufficient funds available to pay the cost of this action as required by the rules of this court.

I have no assets, or any other form of income, and I am unable to receive any financial support from family or friends.

Hereby, pursuant to Rule 3.06 of the Rules of Practice of the Supreme Court of Ohio, I am requesting that the filing fee, security deposit, if applicable, and all other applicable costs pertaining to this action be waived.

FURTHER AFFIANT SAYETH NAUGHT.

*Eddie Dudley*  
\_\_\_\_\_  
Eddie Dudley  
AFFIANT

Sworn to, or affirmed, and subscribed in my presence on this 06th day of April, 2014.

*Allan S. Hlebovy*  
Allan S Hlebovy  
Notary Public - State of Ohio  
My Commission Expires March 6, 2017  
\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

RECEIVED  
APR 10 2014  
CLERK OF COURT  
SUPREME COURT OF OHIO

FILED  
APR 10 2014  
CLERK OF COURT  
SUPREME COURT OF OHIO