

ORIGINAL

AFFIDAVIT OF INDIGENCE

IN THE SUPREME COURT OF OHIO

14-2253

Affidavit of Indigence

I, Glenda L Hill-Foster, do hereby state that I am without the necessary funds to pay the costs of this action for the following reason(s):

My only source of income is Social Security Disability Benefits, and I have incurred excessive medical bills.

Glenda L Hill-Foster

Glenda L Hill-Foster

Sworn to, or affirmed, and subscribed in my presence this 30 day of December, 2014.

Tina L Boyd

Notary Public

My Commission Expires: 6/24/2015



TINA BOYD
Notary Public, State of Ohio
My Commission Expires 6/24/15

FILED
DEC 30 2014
CLERK OF COURT
SUPREME COURT OF OHIO