

**IN THE COMMON PLEAS COURT OF MIAMI COUNTY, OHIO
PROBATE DIVISION**

IN THE MATTER OF _____
CASE NO. _____

Affidavit of Poverty

I, _____ after first being duly sworn, say that I, or
the proposed ward am/is without sufficient resources to pay for an attorney in
this matter and/or the cost of filing the proceedings.

Applicant

Sworn to in my presence this _____ day of _____, _____ at
Miami County, Ohio.

Judge/Deputy Clerk/Notary