

STATE OF OHIO

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COUNTY OF _____

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ss:

AFFIDAVIT

I, _____, the _____ of the
(name) _____ (title)
(city or county) Bar Association, being duly cautioned and sworn,

hereby state the following:

1. **For Quarterly Reimbursement Requests.** The indirect expenses for which reimbursement is sought were incurred in the ordinary and usual business of the certified grievance committee of this bar association for the _____ quarter of 20____ in connection with the specific obligations imposed by Gov.Bar R. V.
2. **For Annual Reimbursement Requests.** The indirect expenses for which reimbursement is sought were incurred in the ordinary and usual business of the certified grievance committee of this bar association for the year 20____ in connection with the specific obligations imposed by Gov.Bar R. V.
3. These submitted expenses have not been reimbursed by the Board of Professional Conduct or any other source, nor will future reimbursement be sought from any other source.
4. I have personal knowledge of the indirect expenses that were specifically dedicated to the professional conduct enforcement of grievance and discipline matters.

Signature

Name (please print or type)

Sworn to and subscribed before me this _____ day of _____, 20____. This is a jurat certificate; an oath or affirmation was administered to the signer with regard to this notarial act.

Notary Public