

Affidavit Regarding Mistaken Identity

			RE:	
State of Ohio)			
) SS:			
County of Frank	klin)			
I, (Name)			(Social Security Number)	
(Address)		(City, State)	(Zip Code)	
being first duly o	cautioned and sworn de	pose and say that I am	not the same	
(NIa ma)				
(Name)				
	endant or judgment deb anklin County Clerk of C	·	ned case(s) or judgment(s) as recorded	in the
The undersigne	d also certifies to the fo	llowing:		
I further disavov	w any knowledge or res	oonsibility for said case((s) or said judgment(s).	
Further affiant s	aith not.			
			(Affiant's signature)	
Sworn and subs	scribed by me this	day of	, 20	
			(Notary Public)	

Revised and Approved by Legal Operations 2/2016