# STATEMENT

Case Name: _____ Case Number: _____

BY MY SIGNATURE BELOW, I, _____, HEREBY SWEAR/AFFIRM THE FOLLOWING STATEMENT HAS BEEN MADE TRUTHFULLY, VOLUNTARILY, AND TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, I ACKNOWLEDGE THIS DOCUMENT TO BE AN OFFICIAL RECORD, KEPT BY ASHTABULA COUNTY JOB & FAMILY SERVICES AND AM AWARE OHIO LAW PROVIDES A PENALTY OF A FINE AND/OR IMPRISONMENT FOR KNOWINGLY PROVIDING FALSE INFORMATION TO A GOVERNMENTAL AGENCY.

AFFIANT SSN DATE

WITNESS DATE