



RICHARD A. JONES  
PRESIDING JUDGE  
SUITE 310  
678-493-6250

**Cherokee County Juvenile Court**  
**Blue Ridge Judicial Circuit**

AMANDA G. SPEIGHTS  
JUDGE  
SUITE 360  
678-493-6280

**REQUIRED DOCUMENTS FOR FILING PRIVATE DEPENDENCY PETITION**

The following documents must be completed and submitted by you prior to, or at the same time as filing a complaint/petition in the Juvenile Court

1. Petition and Complaint required by Georgia law.
2. Picture identification of petitioner. (A copy of driver's license, passport or personal photograph and Social Security card is acceptable.)
3. Affidavit Regarding Parents
4. Affidavit of Household Members
5. Affidavit Concerning Fitness
6. Affidavit Concerning Child Custody
7. Affidavit of Child (if seeking custody of a child age 14 or older.)

All documents must be legibly filled out and completed in full, even if the same information has been stated on previous documents.

WE MUST HAVE ACCURATE ADDRESSES AND TELEPHONE NUMBERS FOR THE PARENTS. IF YOU KNOW A WORK ADDRESS OR TELEPHONE NUMBER, PLEASE INCLUDE IT.

After completely filling out this packet of forms, please return them to the Clerk of Juvenile Court, Room 350, Cherokee County Justice Center.

**INFORMATION FOR PARTIES WISHING TO FILE DEPENDENCY PETITIONS**

**PETITIONS**

You have expressed an interest in filing a dependency petition in the Juvenile Court of Cherokee County. Prior to the Court's acceptance of your petition, you must complete all attached documents.

**IF YOU BELIEVE A CHILD(REN) IS IN IMMEDIATE DANGER OF ABUSE OR NEGLECT, YOU SHOULD CONTACT THE APPROPRIATE LAW ENFORCEMENT AGENCY AND DIVISION OF FAMILY AND CHILDREN SERVICES AT 1-855-422-4453.**

In filing a dependency petition, you are stating your desire to become the temporary custodian of a child(ren) that is not your legal child. While you are allowed to represent yourself in this matter, **you are strongly encouraged to obtain the advice and assistance of an attorney.**

When you file a dependency petition, you are filing a lawsuit, and the legal parents have a right to be notified of the case. You understand that you are the Petitioner and that you, the Petitioner, are responsible for ensuring that the parents are served with a copy of the court pleadings and for any costs associated with the service and/or publication if the parent's whereabouts are unknown prior to the hearing.

Court procedures are complicated, and if this matter is going to be contested by the parent(s), it is unlikely that you can adequately represent yourself unless you are a lawyer. Court personnel

cannot help you in preparation of the necessary documents, nor provide any legal assistance. The parent(s) will be entitled to a court appointed attorney if unable to afford one. However, the Court DOES NOT appoint attorneys to represent petitioners seeking custody of children.

**CUSTODY DISPUTES BETWEEN PARENTS ARE TO BE FILED IN SUPERIOR COURT, AND WILL NOT BE ACCEPTED BY THE COURT DESIGNEE.**

You should be aware that it is the Court's policy in all dependency cases to require that the Cherokee County Department of Family and Children's Services conduct a home evaluation of the residence of the party seeking temporary custody. The home evaluation includes a criminal record check on every individual over 17 who resides in the household.

**PLEASE READ THE REQUIRED DOCUMENTS CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION.** It is VERY IMPORTANT that the Court be given an address for each parent, as no case can be completed until each parent has formal notice of the petition. If you are unable to provide an address for each parent, you may be required to explain the efforts you have made to locate an address and/or pay the costs for service by publication in the Cherokee Tribune.

[tribuneledgernews.com](http://tribuneledgernews.com)

[triblegals@mdjonline.com](mailto:triblegals@mdjonline.com)

521 E. Main Street

Canton, GA. 30114

(770)479-1441

Legal deadline: Thursday publication

Mondays at 5 p.m. \*deadlines may change due to holidays and closures

**MEMORANDUM AND ACKNOWLEDGMENT CONCERNING PRIVATE DEPENDENCY  
PETITIONS**

You have been provided with this dependency packet because you have expressed the desire to become the temporary custodian and/or guardian of a minor child(ren) that you believe to be in need of this Court's protection due to being abused or neglected or otherwise without his or her parent, guardian, or legal custodian.

Please complete the forms contained in this packet in their entirety and present them to the Clerk of the Cherokee County Juvenile Court for filing. The Clerk of Court will accept your pleadings and submit them to the Court for review and endorsement. If endorsed by the Court, your pleadings will be filed, and a hearing will be set within 30 days of the date of filing. **You will receive notice of the hearing via statutory electronic service to the email address or written notice to the physical address you provide in your pleadings, so please ensure that all contact information is correct.**

**You must file this Memorandum as part of your dependency pleadings.** Please initial the following in order to confirm your understanding of each:

\_\_\_\_\_ **If the child is in immediate danger and/or at risk of imminent physical harm and needs to be removed from his/her home immediately, please contact law enforcement and/or the Cherokee County Division of Family and Children Services.**

\_\_\_\_\_ Neither the Juvenile Court Clerk's Office, the Judge's office, nor any other employee of the Cherokee County Court, Court Administration, can provide you with any legal advice or assist you with the prosecution of your dependency matter.

\_\_\_\_\_ Dependency actions are complex and nuanced under Georgia and federal law and can be difficult for a layperson to navigate. **While you are entitled to represent yourself, you are strongly encouraged to obtain the assistance of an attorney.**

\_\_\_\_\_ You are be required to provide a statement of any prior history with Child Protective Services in all states, if any, and your Georgia and federal criminal background reports.

\_\_\_\_\_ The purpose of dependency matters in this Court is first and foremost to reunify families and, when aggravating factors do not exist, this Court's orders will support the reunification of children with their parents. **Custody disputes between parents or between third parties should be filed in Superior Court and do not fall under the jurisdiction of Juvenile Court.**

\_\_\_\_\_ Parents/custodians of children who are the subject of dependency proceedings are entitled to representation by an attorney. If the parent/custodian cannot afford to hire an attorney, the court will provide an attorney for the parent/custodian who will be available to represent the parent/custodian at all stages of the proceedings. HOWEVER, the court does not appoint attorneys to represent petitioners seeking custody.

\_\_\_\_\_ I affirm that it is in the best interest of the child(ren) that I cooperate fully with any investigation that is conducted on behalf of th

\_\_\_\_\_ The Court will appoint the child(ren) who is the subject of a dependency action a Guardian ad Litem as required by law. By filing a Petition for Dependency, you are certifying that you will cooperate with all representatives appointed to represent the child(ren), as well as any investigation conducted on behalf of the child(ren) for whom you are seeking protection.

\_\_\_\_\_ I affirm that this is **not** a custody dispute and that I support reunification efforts if reunification is found to be in the best interest of the child(ren).

\_\_\_\_\_ I understand that the filing of a complaint/dependency action in juvenile court on behalf of a child(ren) does not give the filing party custody of the child(ren), or give the filing party any specific rights to interfere with the custodian, parent or other guardian of the children

\_\_\_\_\_ I understand the peril to my case should I proceed without an attorney.

\_\_\_\_\_ I understand that neither court staff nor the clerk's office can assist me or give me legal advice.

\_\_\_\_\_ I understand that my action cannot be heard until the parent(s)/custodian(s) and the child(ren) are properly served with this action according to law. I understand that as the Petitioner, it is my responsibility to have the legal parent served with court pleadings. If the legal parent cannot be located, the legal parent may have to be served by publication.

By placing my signature below, I affirm that I have read and understand this Memorandum.

\_\_\_\_\_  
PETITIONER

Sworn and subscribed  
Before me this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**The following forms must be completed and returned to the Clerk:**

\_\_\_\_\_ Juvenile Complaint Form: Complaint filled out by you, the Petitioner(s).

This must be *legibly* filled out as completely as possible including all addresses and telephone numbers.

\_\_\_\_\_ Juvenile Court Petition filled out by you the Petitioner(s). The Petition must be signed in the presence of a member of the Court staff.

\_\_\_\_\_ Birth certificate of the child(ren) if possible.

\_\_\_\_\_ Picture identification of the proposed custodian. A Driver's License, passport or personal photo will be acceptable.

\_\_\_\_\_ An Affidavit about any absent parent(s) from parent and proposed custodian.

\_\_\_\_\_ An Affidavit from the proposed custodian listing all residents of the household. Include name, age and relationship to proposed custodian.

\_\_\_\_\_ An Affidavit under Uniform Child Custody Jurisdiction Act

\_\_\_\_\_ An Affidavit of Child at least 14 years of age (if applicable)

\_\_\_\_\_ You, the Petitioner, are responsible for perfecting service on the parents. It is not the duty of the Clerk's office to serve the legal parents. The legal parent must be served pursuant to O.C.G.A.

15-11-161. If the legal parent cannot be located, the Petitioner may have to serve the legal parent by publication. If you do not understand what this means, please contact an attorney.

I certify that the above marked documents are attached to the Dependency Complaint and Petition.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of the Petitioner

**PETITION  
PRIVATE DEPENDENCY**

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF;**

\_\_\_\_\_, SEX \_\_\_\_ DOB: \_\_\_\_\_ CASE# \_\_\_\_\_

\_\_\_\_\_, SEX \_\_\_\_ DOB: \_\_\_\_\_ CASE# \_\_\_\_\_

\_\_\_\_\_, SEX \_\_\_\_ DOB: \_\_\_\_\_ CASE# \_\_\_\_\_

\_\_\_\_\_, SEX \_\_\_\_ DOB: \_\_\_\_\_ CASE# \_\_\_\_\_

**Child(ren) under 18 years of age**

Your Petitioner alleges the child(ren) named above to be of the sex(es) and age(s) and to have the name(s) there set forth above; that the (Putative) father of said child(ren) is \_\_\_\_\_, who resides at \_\_\_\_\_, the mother is \_\_\_\_\_, who resides at \_\_\_\_\_, said child(ren) reside(s) at \_\_\_\_\_, in said county and state, and is/are in the custody and control of \_\_\_\_\_, who reside(s) at said place; that the said child(ren) is/are subject to the jurisdiction of this Court; that said child(ren) is/are in need of protection of this Court and is/are dependent (O.C.G.A.15-11-2(8)) due to the following conditions:

That said child(ren) was/were (not) taken into custody under the provisions of O.C.G.A. 15-11-45. That it is in the best interest of the child(ren) and the public that this proceeding be brought. That the physical location of the child(ren) at the time of the filing of the Petition is/are \_\_\_\_\_.

Petitioner prays that process issue, directed to the parties hereto, requiring them to appear before this Court to answer the allegations of this Petition.

\_\_\_\_\_  
Petitioner

Subscribed and sworn to before me, on information and belief this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Attesting Officer

The above Petition is approved to be filed in the best interest of the public and the above-named child(ren).  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Court Designee

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
Child(ren) under 18 years of age

**VERIFICATION**

Personally appeared before the undersigned, an officer duly authorized by law to administer oaths, \_\_\_\_\_, who, after being duly sworn, states under oath that he/she is legally competent to make this Verification and that the facts alleged in the attached Petition for Dependency are true and correct to the best of his/her knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
PETITIONER  
Print Name:

Sworn to a subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires:

**ENDORSEMENT**

The filing of the above Petition is in the best interest of the minor child and the public and is therefore approved.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Court Designee

**DEPENDENCY COMPLAINT**  
**IN THE JUVENILE COURT OF**  
**CHEROKEE COUNTY, GEORGIA**

File #: \_\_\_\_\_

Name of physical custodian of alleged dependent child(ren) (Last, F, M):		Age: _____
		DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____
Sex: _____		Bus Phone: _____
Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian:		
(Street)	(City)	(County) (State) (Zip)
Name of other custodian of the alleged dependent child(ren), (Last, F, M):		Age: _____
		DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____
Sex: _____		Bus Phone: _____
Mother of Child(ren):		Res Phone: _____
		Bus Phone: _____
(Include Mother's Maiden Name in Parentheses)		
Mother's Address:		
(Street)	(City)	(County) (State) (Zip)
Legal Father's Name:		Res Phone: _____
		Bus Phone: _____
Legal Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____
		Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____
		Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Each child's name, age, date and place of birth, and father's name:		
_____		
_____		
Taken Into Custody: Yes ( ) No ( )		
By Whom:		
(Name)	(Agency)	
Placement of Dependent Child:		Date: _____
		Time: _____



**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
**Child(ren) under 18 years of age**

**AFFIDAVIT REGARDING PARENTS**

Before the undersigned officer, duly authorized to administer oaths, came

\_\_\_\_\_, and after being duly sworn deposes and says as follows:

The mother of the child is \_\_\_\_\_.

( ) The mother's current address and phone number is: \_\_\_\_\_.

( ) The whereabouts of the mother are unknown to me. Her last known address/telephone number is:

\_\_\_\_\_.

The biological/legal father of the child is \_\_\_\_\_.

( ) The father's current address and phone number is \_\_\_\_\_.

( ) The whereabouts of the father are unknown to me. His last known address/telephone number is:

\_\_\_\_\_.

The legal custodian of the child is: \_\_\_\_\_.

This affidavit is given in support of the Complaint attached, which is to be filed with the Cherokee County Juvenile Court.

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
 \_\_\_\_\_, Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
 \_\_\_\_\_, Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
 \_\_\_\_\_, Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_

**Child(ren) under 18 years of age**

**AFFIDAVIT OF HOUSEHOLD MEMBERS**

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

My residence address is: \_\_\_\_\_

I hereby attest that the following information regarding members of the household in which I propose the child be placed by the Court is true and accurate to the best of my knowledge. I certify that I have listed each and every household member, including myself and any party to this case, below.

Name	Date of birth	Relationship to child(ren)	Does this person have history with any state's Child Protective Services? (Y/N). If yes, list year, county/ state.	Has this person had any criminal convictions? (Y/N) if yes, list charges and county/state in which they occurred.

Sworn to a subscribed before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ AFFIANT

\_\_\_\_\_  
 NOTARY PUBLIC

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_

**Child(ren) under 18 years of age**

**AFFIDAVIT CONCERNING CHILD CUSTODY**  
**PURSUANT TO O.C.G.A. §19-9-49**

Personally appeared before the undersigned attesting officer duly authorized to administer oaths, came \_\_\_\_\_, who after being duly sworn, states the following:

I make this affidavit in support of a Petition for Dependency and complaint to be filed in the Juvenile Court of Cherokee County.

1. My name is \_\_\_\_\_, I make this affidavit to comply with the Uniform Child Custody Jurisdiction Act, O.C.G.A. Section 19-9-49.
  
2. The name and present address of the child(ren) who are the subject of the above styled action are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. The child(ren) have, for the last five (5) years, resided in the following places with the persons whose names and addresses are set out adjacent to each child's name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Affiant (circle one) has/has not, participated as a party, witness, or in any other capacity, in any other litigation concerning the custody of the same child(ren) in this or any other state.
  
5. Affiant (circle one) has/has no information of any custody proceeding concerning the child(ren) pending in

this or any other state.

6. Affiant (circle one) knows/does not know of any person not a party to this proceeding who has physical custody of the child or claims to have custody or visitation rights with respect to the child.
7. Affiant understands that he/she is under a continuing duty to inform the court of any custody proceeding concerning the child(ren) in this or any other state of which he/she obtains information during this proceeding.

---

AFFIANT

Sworn to and subscribed before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_.

---

NOTARY PUBLIC

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
A Minor Child

**AFFIDAVIT OF CHILD OVER THE AGE OF FOURTEEN (14) YEARS**

Comes now, \_\_\_\_\_ and makes this Affidavit in connection with the above dependency action, and under oath, states the following:

- 1.) My full name is \_\_\_\_\_.
- 2.) My date of birth is \_\_\_\_\_ and my age is \_\_\_\_\_.
- 3.) My mother's name is \_\_\_\_\_. Her last known address is \_\_\_\_\_. I last had contact with her (describe date and type of contact) \_\_\_\_\_.
- 4.) My father's name is \_\_\_\_\_. His last known address is \_\_\_\_\_. I last had contact with him (describe date and type of contact) \_\_\_\_\_.
- 5.) I understand that \_\_\_\_\_ (name of petitioner) wants to become my temporary legal custodian. I agree that \_\_\_\_\_ (name of petitioner) should be my temporary legal custodian, because I believe it to be in my best interests.

**SO SWORN**, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**IN THE JUVENILE COURT OF CHEROKEE COUNTY  
STATE OF GEORGIA**

**IN THE INTEREST OF:**

\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
\_\_\_\_\_, Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Case # \_\_\_\_\_  
**Child(ren) under 18 years of age**

**AFFIDAVIT CONCERNING FITNESS**

I, the maker of this Affidavit, before the undersigned officer duly authorized to administer Oaths, and after being duly sworn, answer the Court's questions concerning my fitness to serve as temporary custodian of the above child(ren), and state as follows:

I make this affidavit in support of a dependency petition and complaint to be filed in the Juvenile Court of Cherokee County.

- 1.) Have you or has any person now living in your household ever been investigated by the Division of Family and Children Services, or similar child welfare agency?  
( ) No  
( ) Yes

If response is yes, please state name of individual(s) investigated, month and year of investigation(s), county and state where investigation(s) took place, nature of allegations investigated, and outcome of investigation(s). Attach additional pages, if necessary.

---

---

---

---

- 2.) Have you or has any person now living in your household ever been convicted of a crime, including D.U.I but excluding speeding or parking tickets?  
( ) No  
( ) Yes

If response is yes, please state name of individual( s) convicted, state name of offense, county and state of conviction, date of conviction, and sentence received. Attach additional pages if necessary.

---

---

---

---

3.) Have you or has any person now living in your household ever been treated for abuse of alcohol or drugs?

No

Yes

If response is yes, please state name of individual(s) receiving treatment, type of treatment received, month and year of treatment, whether any treatment is ongoing. Attach additional pages if necessary.

---

---

---

---

4.) Have you or any person now living in your household ever been treated by a psychiatrist or psychologist for any mental health or emotional disorder(s)?

No

Yes

If response is yes, please state name of individual(s) receiving treatment, type of treatment received, month and year of treatment, whether any treatment is ongoing, and whether treatment included/includes prescription medication. Attach additional pages if necessary.

---

---

---

---

SO SWORN, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC