

COUNTY OF FRESNO

Department of Social Services

SWORN STATEMENT

Case Name:

Case Number:

Worker Name:

Worker Number:

Worker Telephone: (855) 832-8082

Date:

Any person who signs this statement and who willfully states as true any material matter which he knows to be false is subject to the penalties prescribed for perjury in the Penal Code by the State of California.

Attention Applicant/Recipient:

You are being asked to provide

Information

Clarification regarding:

I, _____ declare as follows:
Name of Individual

I understand that the information may be subject to investigation and verification and my signature constitutes authorization for these investigations.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct and accurate, and that this declaration is executed at _____, California.

City

Signature or Mark of Person Making Statement

Date Signed

Home Address (Street, City, State)

Phone Number