SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>Street, P.O. Box #, Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Fairfax County Permitted Provider / Applicant</th>
<th>Street, P.O. Box #, Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Have you lived outside of Virginia in the past five years?  [ ] Yes  [ ] No

If yes, what state(s) have you lived in: ____________________________________________________________

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?

[ ] Yes (convicted in Virginia)  [ ] Yes (pending in Virginia)  [ ] No

If yes to convicted or pending, specify crime(s): __________________________________________________

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?

[ ] Yes (convicted outside Virginia)  [ ] Yes (pending outside Virginia)  [ ] No

If yes to convicted or pending, specify crime(s) and state, or other location: __________________________

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?

[ ] Yes (in Virginia)  [ ] No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?

[ ] Yes (outside Virginia)  [ ] No (outside Virginia)

If yes, specify state, or other location: ____________________________________________________________

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Signature ______________________ Date ____________

__________________________________________________________________________________________