Riverside County Department of Public Social Services

AFFIDAVIT

Case Number:				
I,PRINT of California that the statement given below	, declare under penalty of pe			
Any person who signs this statement and to be false is subject to the penalties pre Section 11054 of the W&I code.				
SIGNATURE OF PERSON MAKING DECLARATION	ADDRESS			
DATE OF DECLARATION	CITY	STATE	ZIP CODE	
WITNESSED BY: (Optional)	PHONE NUMBER	PHONE NUMBER		
TITLE				