

## Criminal Domestic Violence Affidavit

Have you ever been convicted of a domestic violence-related crime ("Domestic Violence" means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a party to a domestic violence injunction or petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any domestic violence incident where the police responded and a written police report of the incident was completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any domestic violence incident where the police responded and a written police report of the incident was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the above questions, explain the circumstances and attach any supporting documentation. Attach additional sheets of paper if necessary for a full detailed statement.	
SIGNATURE: _____ PRINT NAME _____	
DATE: _____	



**AFFIDAVIT**

STATE OF \_\_\_\_\_ CITY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_

who personally known to me or produced the following identification: \_\_\_\_\_

Notary Public Seal of Office

Notary Public Signature: \_\_\_\_\_

Notary Public, Print Name: \_\_\_\_\_

CONFIDENTIAL