

## DECLARATION UNDER PENALTY OF PERJURY

I, [Your Full Name], declare as follows:

1. I am over the age of 18 and a resident of [City, County, State].
2. I am submitting this declaration voluntarily. The information below is based on my personal knowledge, experiences, and belief.
3. On or around [Date], I experienced or witnessed the following:  
  
[Describe what happened. Be specific: who, what, where, when.]
4. The following individuals or agencies were involved:  
  
[List names, roles, agencies, etc. if known.]
5. This incident affected me in the following ways:  
  
[Describe emotional, financial, legal, family, or other impacts.]
6. I am sharing this declaration so that public officials, investigators, or courts may understand what I personally witnessed or experienced. I am willing to provide more information if needed.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

/s/ \_\_\_\_\_

[Your Signature] [Print Name]

[Date]

[City, State]