

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Name: _____

Address: _____

City, State, Zip: _____

Tel: _____

E-Mail: _____

STATE OF FLORIDA
COUNTY OF NASSAU

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

___ Personally known

___ Produced identification

 [___] Florida Driver's License

 [___] Florida Identification Card

Other Type of identification produced _____