

**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**

Please Print

\_\_\_\_\_  
Last Name                                      First                                      Middle                                      Maiden                                      Social Security Number

\_\_\_\_\_  
Current Mailing Address                      Street, P.O. Box #, Apt. #                      City                      State                      Zip Code

\_\_\_\_\_  
Name of Licensed/Registered              Street, P.O. Box #, Apt. #              City                      State                      Zip Code  
Approved Facility/Provider

*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 and that making a materially false statement or affirmation is a Class I misdemeanor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date