



CLAIMS COMMISSION FOR THE STATE OF TENNESSEE

_____,)
 Claimant ,)
)
 v.) Claim No. _____
)
 STATE OF TENNESSEE,)
 Defendant .)

AFFIDAVIT

STATE OF TENNESSEE)
)
 COUNTY OF _____)

I, _____, being duly sworn, make oath as follows:

1. I am an Assistant District Attorney/District Attorney General (circle one choice) for the _____ judicial district of the State of Tennessee.
2. As such, I investigated the above claim for Criminal Injuries Compensation filed under Title 29, Chapter 13, Part 1 of Tennessee Code Annotated and have submitted herewith the report required under Tennessee Code Annotated, Section 29-13-108.
3. I hereby certify that said report contains all information I have in support of or in opposition to the claim.

FURTHER AFFIANT SAITH NOT.

(Signature of Affiant)

(Typed or Printed Name of Affiant)

Sworn to and subscribed before me this the _____ day of _____.

(Notary Public)

My Commission expires: _____