

**DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENCING PROGRAMS**

SWORN STATEMENT OR AFFIRMATION

Please Print

| | | | | |
|-----------|-------|--------|--------|------------------------|
| Last Name | First | Middle | Maiden | Social Security Number |
|-----------|-------|--------|--------|------------------------|

| | | | |
|-------------------------|------|-------|-----|
| Current Mailing Address | City | State | Zip |
|-------------------------|------|-------|-----|

ARLINGTON UNITARIAN COOPERATIVE PRESCHOOL
4444 Arlington Blvd

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | | |
|--|------|-------|-----|
| Name and Address of Licensed/Register Approved Facility | City | State | Zip |
|--|------|-------|-----|

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth?

Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes or pending, specify crime(s): _____

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

Yes (in Virginia) No (in Virginia)
 Yes (outside Virginia) No (outside Virginia)

If yes or pending, 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.

Signature
032-05-160/5 (revised:2/04)

Date