

AFFIDAVIT

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S.A. Section 4904 relating to unsworn falsification to authorities that:

1. I and / or another adult living in my household have or have not been convicted, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction as follows:

NO	YES	VIOLATION	ME	ADULT IN MY HOUSEHOLD	DATE
		Contempt for violation of a Protection from Abuse order or agreement			
		Driving under the Influence of alcohol or a controlled substance or drugs			
		Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device			
		Criminal Homicide; Murder			
		Aggravated Assault			
		Terroristic threats			
		Stalking			
		Kidnapping			
		Unlawful Restraint			
		False Imprisonment			
		Luring a child into a motor vehicle or structure			
NO	YES	VIOLATION	ME	ADULT IN MY HOUSEHOLD	DATE
		Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal or incest			
		Sex-offender non-compliance with registration requirements, statute, court order probation or parole or other			

		requirements under 18 Pa.C.S.A Section 3130 and 42 Pa.C.S.A. Section 9795.2			
		Arson and related offenses			
		Concealing death of a child			
		Endangering the welfare of children			
		Trading, bartering buying, selling or dealing in infant children			
		Prostitution and related offenses			
		Obscene and other sexual materials and performances			
		Corruption of minors or unlawful contact with a minor			

2. I and/or another adult living in my household have present and/or past history of violent or abusive conduct including the following:

NO	YES	CONDUCT	ME	ADULT IN MY HOUSEHOLD	DATE
		A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction			
		Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction			
		Megan's Law Registrant			
		Other: (please specify)			

List any evaluations, counseling or other treatment following conviction, including identifying the person undergoing the treatment:

If any conviction above applies to a household member, not a party, state that person's relationship to the child:

3. I acknowledge and understand that I must file an updated notarized affidavit concerning any criminal and/or abusive history if I and/or another adult living in my household is convicted or pleads guilty or no contest to any of the offenses listed in paragraphs 1 or 2 above after the date of this notarized statement.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

On this, the _____ day of _____, 20____, before me, a Notary Public,
the undersigned officer, personally appeared _____
known to me or satisfactorily proven to be the person presenting this affidavit, and
acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public