



Notarized Attestation for the following individual

I _____, the Direct Care Worker (DCW) agree that I am not the following:

- a. Subject to registration as a sex offender in Arizona or any other jurisdiction, or
- b. Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any criminal offense listed in A.R.S. §41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.

I certify that I understand this Attestation. My Attestation is true, accurate, and complete to the best of my knowledge.

Your Signature

Date

Notary Public

State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20

Commission Expiration date

Notary Public's Signature