

COUNTY OF SAN MATEO**SWORN STATEMENT****Date:****Case Name:****Case Number:****Worker Name:****Worker ID:****Worker Phone Number:**

Name (Last, First, Middle)			
Street Address:	City:	State:	Zip Code:
Home Telephone Number:	Contact/Cell Phone Number:		

I declare as follows:

REQUIRED

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information.

Signature or Mark:

Date Signed:

Signature or Mark:

Date Signed: