

PLAINFIELD POLICE DEPARTMENT



Mario A. Arriaga
Chief of Police

Town of Plainfield, Connecticut

210 Norwich Road
Plainfield, CT 06374

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William D. Wolfburg
Deputy Chief of Police

Background Investigation Packet for Employment Candidates

Police Officer Candidate:

<p>CONTACT #:</p> <p>E-MAIL:</p>
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Notice:

Because of the sensitive nature of law enforcement positions, a thorough background investigation is required for all candidates. This investigation requires information broader in scope than that found for non-law enforcement positions. The Plainfield Police Department does not discriminate on the basis of sex, race, creed, sexual orientation, color or national origin. Age guidelines as mandated by Federal or State Law will be followed. **The Town of Plainfield is an equal opportunity employer.**

Directions:

You must submit the below requested documents with this handbook or as soon afterward as possible. Failure to do so will delay the background investigation.

All answers must be **HAND PRINTED IN BLUE OR BLACK INK**. Do not type or write in script. The workbook must be completed in its entirety. All information must be accurate and complete. If a response requires additional space, use endnotes and complete your answer on Supplemental Information Pages. If additional pages are needed, use 8 ½" x 11" plain white paper. Do not leave any blanks, if any area(s) do not apply write "NA". Use exact dates for employment, etc. If at any time there is a gap in your employment history or residency, provide an explanation.

**FALSE, MISLEADING, OR OMITTED INFORMATION IS GROUNDS FOR
DISQUALIFICATION FROM THE SELECTION PROCESS OR TERMINATION
FROM SERVICE IF HIRED.**

Required Documents:

- Birth Certificate
- Social Security Card
- Naturalization Papers
- Passport
- Drivers License
- Pistol Permit
- Marriage License/Divorce Decree
- Military Documentation/DD-214
- Copy of High School Diploma
- Sealed Official High School Transcripts
- Copy of College Diploma(s)
- Sealed Official College Transcripts
- Credit Reports from two different sources (Online Credit Report Service(s) Accepted)

Answered all the questions in this workbook completely and truthfully to the best of your ability and knowledge. Understand that falsification; the provision of misleading information or deliberate omission is grounds for disqualification or dismissal if discovered subsequent to employment.

Personal Information

Date		Position Sought () Police Officer () Dispatcher () Other _____							
Name		Last		First		Middle		Nickname	
Other/Maiden Name		Last		First		Middle		Nickname	
Residential Address(s) (Number, Street, Apt. #, City, State, Zip Code)							Primary contact #		
Email Address(s)							Secondary contact #		
Date of Birth		Place of Birth (City, State, Country)				Social Security Number			
Sex	Age	Height	Weight	Hair Color	Eyes Color	Handedness () R () L	Glasses	Contacts	Tobacco use?
Do you have any scars, tattoos or other distinguishing marks? If yes give details:									
Drivers License Number			State	Type	Expiration Date	Restrictions			
Employer			Employer Address				Employer Telephone Number		
Do you now, or have ever, possessed a weapons permit/license? () Yes () No If so, list the date and town of residence for initial issuance: _____									
Pistol Permit Number		State	Type	Expiration Date	Do you own firearms?				
Has your pistol permit ever been revoked for any reason? () Yes () No									
Are you a United States Citizen () Yes () No			If Naturalized, list date and place						
Do you now, or have you ever, possessed a Day Care/Child Care License? () Yes () No If so, when and here? _____									
Do you now, or have you ever, possessed a Professional Trades License (e.g. Plumber, etc)? () Yes () No If so, list name and License number? _____									
Do you now, or have you ever, possessed a Professional Certification License (e.g. Stock Broker, Accountant, etc)? () Yes () No If so, list them and when? _____									
If it becomes necessary to do so in the course of your duties as a police officer, would you have any reluctant to take a human life due to personal, religious, moral or ethical belief? () Yes () No									
List hobbies, pastimes, or volunteer work you are involved with. _____ _____									

Personal Information Continued

List any organizations, clubs, labor unions, professional associates you have belonged to, the nature of the group, and any office you held.

Name of Group/Association	Nature of Group	Offices

List all internet screen names, web services, and e-mail addresses that you have used or belong to (e.g. MySpace, Facebook, Twitter, etc.).

Screen Name	Web Address	Type of Service/Site

Family Information

Father's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Mother's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Sibling's Name (Last, First, MI) () Brother () Sister		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Sibling's Name (Last, First, MI) () Brother () Sister		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Sibling's Name (Last, First, MI) () Brother () Sister		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number

Family Information Continued

Step-Father's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Step-Mother's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number

Marital Status: Single Relationship Married Separated Divorced/Annulled

Date of Last Marriage: _____ Location: _____

Type & Date of Dissolution: _____ Location: _____

Significant Other's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Child's Name (Last, First, MI) <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Child's Name (Last, First, MI) <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Child's Name (Last, First, MI) <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Child's Name (Last, First, MI) <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number
Ex-Spousal's Name (Last, First, MI)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Occupation	Home Telephone Number	Other Telephone Number

Family Information Continued

Has any member of your immediate family ever been arrested for a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any member of your spouse's immediate family ever been arrested for a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to either, complete the following block.		
Name (Last, First, MI - Relationship)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Charges	City & State of Crime	Date of Crime
Name (Last, First, MI - Relationship)		Date of Birth
Residential Address (Number, Street, Apt. #, City, State, Zip Code)		Place of Birth (City, State, Country)
Charges	City & State of Crime	Date of Crime

Criminal/Motor Vehicle History

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested by any law enforcement agency or detained for investigatory reasons, either as adult or juvenile?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received a traffic citation? (Exclude parking tickets or citations for equipment violations)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a criminal or motor vehicle case nolleed, dismissed, expunged, or otherwise erased from your record?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been placed on court probation as an adult?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the police ever been called to your home for any reason?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever fraudulently received unemployment or workers' compensation, state or federal assistance?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed a false insurance or workers' compensation claim?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your partner/spouse ever been referred to Child Protective Services?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been the subject of a Protection Order as the protected person or the accused?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in a traffic accident(s)?			
If you answered "Yes" to any of the above questions, give details on each incident.				
Date	Location	City & State	Agency	Charge(s)
Circumstances				
Date	Location	City & State	Agency	Charge(s)
Circumstances				
Date	Location	City & State	Agency	Charge(s)
Circumstances				
Date	Location	City & State	Agency	Charge(s)
Circumstances				

Undetected Acts – Part I

Within the past 10 years have you ever committed any of the following misdemeanors?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Annoying / obscene phone calls
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault (use of force or violence upon another)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brandishing a weapon (any type of weapon)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrying a concealed weapon without a permit
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contributing to the delinquency of a minor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Larceny values under \$500 (including not paying for food or a room at a hotel/motel)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving under the influence of alcohol and or drugs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hit and run collisions
<input type="checkbox"/> Yes <input type="checkbox"/> No	Impersonating a peace officer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indecent exposure (including flashing or mooning)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Possession of alcohol by a minor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Possession of a falsified or altered identification or use of another person's identification
<input type="checkbox"/> Yes <input type="checkbox"/> No	Possession of stolen property
<input type="checkbox"/> Yes <input type="checkbox"/> No	Resisting arrest
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trespassing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vandalism
<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing a false police report

If you answered "Yes" to any of the above questions, give details on each incident.

Undetected Acts – Part II

Within the past 10 years have you ever committed any of the following?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Arson (intentionally destroying property by setting a fire)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault with a deadly weapon
<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft of a vehicle
<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglary (entering a structure or vehicle to commit theft or other crime)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child molestation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Accessing and/or possessing child pornography
<input type="checkbox"/> Yes <input type="checkbox"/> No	Elderly abuse/neglect
<input type="checkbox"/> Yes <input type="checkbox"/> No	Embezzlement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Felony drunk driving (involving injuries)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Forcible rape or other act of unlawful intercourse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hate crime (crime against another because of their race, sex or religion)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder, homicide or attempted murder
<input type="checkbox"/> Yes <input type="checkbox"/> No	Perjury
<input type="checkbox"/> Yes <input type="checkbox"/> No	Possession of bomb making material
<input type="checkbox"/> Yes <input type="checkbox"/> No	Robbery
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalking

Undetected Acts – Part II - Continued

If you answered “Yes” to any of the above questions, give details on each incident.

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Drug Usage

The proceeding question relate to the past recreational use of the following drugs including the unauthorized use of prescription drug or over the counter drugs: Amphetamines / Methamphetamines (uppers, speed, crank, etc), Barbiturates (downers), Cocaine / Crack Cocaine, Designers drugs (ecstasy, synthetic heroin), GHB (date rape drug), Glue, Hallucinogens (Peyote, LSD, Mushrooms), Hashish /Hashish Oil, Heroin/Opium, Marijuana, Synthetic Marijuana, Bath Salts, Steroids, Mescaline, PCP, HGH

<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the past twelve months, have you used any drug(s) listed above
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any of the drugs under limited circumstances (party, concert, etc)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sold any of the drug(s) listed above
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever purchased any of the drug(s) listed above for yourself or others
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever manufactured any of the drug(s) listed above
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever possessed any of the drugs listed above

General Topics

General topics related to other issues that have not have been addressed specifically elsewhere on this form.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever called in sick to your employer when in fact you were not?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been implicated in the sexual harassment of a superior, co-worker or subordinate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your employer of yours ever been sued as a result of your conduct or duties

If you answered “Yes” to any of the above questions, give details on each incident.

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Employment History

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been fired from a job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been asked to resign from a job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever stolen from your job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a written reprimand from your job?			
List all full time and part time employment you have held in the past ten years; beginning with your current job and working backwards. If you answered "Yes" to any of the above questions, explain in "Reason for Leaving" section of that job. If the jobs are outside the scope of ten years, list the job in the table below, with the reason.				
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		
Employer		Complete Address		Telephone Number
Date Started	Date Ended	Job Title	Duties	
Supervisor's Name		Reason for Leaving		

Personal References

In the space provided below, please provide the date requested for five personal references. Do not use anyone who has not known you for at least three years. Likewise, do not list any family members, roommates, employment supervisors, etc.		
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	
Name	Complete Home Address	Home Telephone Number
Occupation	Employer	Complete Business Address
Years Known	In what capacity do you know the individual?	

Residential History

Do you currently () rent your residence () own your residence () live with family members? Do you currently live alone? () Yes () No If no, with whom do you reside? () Previously Listed Family Member(s) being: _____ () Other (If other, list in the space below)		
Roommate's/Co-habitator's Name (Last, First, MI)	Telephone Number	
Occupation	Work Telephone Number	Best Time to Contact
Roommate's/Co-habitator's Name (Last, First, MI)	Telephone Number	
Occupation	Work Telephone Number	Best Time to Contact

Residential History Continued

Have you ever lived with anyone else? (Include military and college roommates.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, with whom do you reside? (List no more than two.)		
<input type="checkbox"/> Previously Listed Family Member(s) being: _____		
<input type="checkbox"/> Other (If other, list in the space below)		
Roommate's/Co-habitator's Name (Last, First, MI)		Telephone Number
Occupation	Work Telephone Number	Best Time to Contact
Roommate's/Co-habitator's Name (Last, First, MI)		Telephone Number
Occupation	Work Telephone Number	Best Time to Contact

List all addresses where you have lived in the past 20 years from today's date. Start with your current address and work backwards. Include all military housing and college dormitory addresses.		
Complete Street Address (Apt. #)	City & State	Dates From To

Educational History

List each college, technical school, high school, middle school, and grammar school attended as well as the city and state where the school is located and the month and year attended. Do not list military or correspondence courses or schools.		
School	City & State	Dates From To

Educational History Continued

List degrees or certificates of completion from all schools you attended. If the degree involved honors (e.g. Magna Cum Laude) or was otherwise notable, please indicate such in the column marked "Remarks."

Degree/Major	Date	School	Remarks

Credit & Financial History

Indebtedness involving you, your spouse or ex-spouse(s): Include all loans, mortgages, credit cards, and other monthly obligations (e.g. Alimony, Child Care, Judgments, etc.)

To Whom Owed	Address	Balance	Monthly Payment

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your wages garnished/attached?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been party to a small claims court action?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any civil court actions pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any judgments rendered against either of you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed by the Plainfield Police Department, do you anticipate any other sources of income besides your salary paid by the town?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a life, health or automobile insurance policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had an insurance policy canceled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any property repossessed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been delinquent on any court ordered payments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any bills turned over for collections?
Give details on all "Yes" responses on the Supplemental Information Pages.	

Assets

Complete the following table for all assets, including checking & saving accounts, vehicles, properties

Year	Make	Model	License Plate	Purchase Date	Title Holder

Assets Continued

Name & Address of Primary Bank	Checking or Saving	Balance
Other assets	Other assets	Other assets

Gambling History

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you gamble?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever placed a wager bet by telephone or made a hand to hand transaction with a book maker on the result of a professional / college sporting event or other legitimate gambling event?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have ever worked for a bookie?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any outstanding gambling dept?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever borrowed money to gamble?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever stolen money to pay of a gambling dept?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever stolen money to gamble?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you now or have you ever had a "gaming card" issued by a casino?
If "yes" list Details:	

Military Information

Military Branch	Date of Entry	Date of Exit	Highest Rank
Unit Assignment	Location		Special Clearance
Inactive Reserve Completion Date	Have you ever been rejected from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Discharge	Have you ever filed for conscientious objector status? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Law Enforcement Hiring History

List all police departments/law enforcement agencies to which you have ever applied. Indicate by circling if you were given a psychological and/or polygraph examination with that department.			
Agency/City	Contact	Telephone Number	Status or Phase of Process
			Psych Poly
			Psych Poly
			Psych Poly
			Psych Poly

Have you ever taken a Polygraph Examination with the last 365 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever taken a Psychological Examination in the last 365 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FULL DISCLOSURE

Is there anything in your past or present, not specifically asked in the questionnaire, which if it became known, would embarrass you or the department so as to possibly cause you to compromise the discharge of your duties should you be hired as a police officer (i.e. family member convicted of a serious crime, relationship with persons of questionable character, excessive gambling, etc.)?

Note: The answer to this question in and of itself will not preclude you from being hired. It is merely asked to fully apprise the department of your background and prevent the possibility of compromising you in the future because of the department's full and complete knowledge of you.

If your answer is "Yes" to the above questions, give details.

FALSE, MISLEADING, OR OMITTED INFORMATION IS GROUNDS FOR DISQUALIFICATION FROM THE SELECTION PROCESS OR TERMINATION FROM SERVICE IF HIRED.

I certify that I have answered all the questions in this workbook completely and truthfully to the best of my ability and knowledge. I understand that falsification; the provision of misleading information or deliberate omission is grounds for disqualification or dismissal if discovered subsequent to employment.

I declare that the answers in this background packet are true and correct.

Date: _____

Signature: _____

Print Name: _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Name: _____

Notary Public

My commission Expires: _____

Commissioner of Superior Court

