

Affidavit of Remedy Signature Page

State of

County of

I/We, the undersigned, do hereby affirm under penalty of perjury that I/we have read, understand, and hereby witness, support, and/or stand as a victim of the grievances, crimes, and remedies described in this Affidavit of Remedy. I/We submit this signature freely and voluntarily.

Printed Full Legal Name: _____

Signature: _____

Date: _____

Address: _____

City/County/State: _____

Phone / Email Contact: _____

NOTARY