

# AFFIDAVIT

State law requires that persons associated with a relative or prospective guardian placement be fingerprinted and disclose any U.S. conviction. A conviction is any plea of guilty or "nolo contendere" (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of a criminal history you may have. Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If the criminal background check reveals any conviction(s) that you did not disclose on this form, your failure to disclose the conviction(s) may result in an exemption denial which would prevent this department from placing children with you.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago.
2. It was only a misdemeanor.
3. You didn't have to go to court (your attorney went for you).
4. You had no jail time or the sentence was only a fine or probation.
5. You received a certificate of rehabilitation.
6. The conviction was later dismissed, set aside or the sentence was suspended.

Have you ever been convicted of a crime in California and/or another state of federal court?

NO  YES, If yes complete a DPSS 3234

I, (PRINT) \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachment are true and correct to the best of my knowledge and belief. Provide information about your arrest and/or conviction including the circumstances of each incident and your opinion in regard to your participation or involvement.

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ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE PENALTIES PRESCRIBED FOR PERJURY IN THE PENAL CODE BY THE STATE OF CALIFORNIA, SEC. 11054 OF THE W&IC CODE.

  
\_\_\_\_\_  
SIGNATURE OF PERSON MAKING DECLARATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE OF DECLARATION

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
(OPTIONAL) WITNESSED BY

\_\_\_\_\_  
TITLE