

AFFIDAVIT OF [Your Name]

STATE OF [Your State]

COUNTY OF [Your County]

I, [Your Name], being duly sworn, do hereby affirm and state the following:

1. I am an adult resident of [Your Address/Country].

2. I have personal knowledge of the facts stated herein and am competent to testify to these matters.

3. On [Date], during the court proceedings in the case of [Case Name/Number], I provided information that I later realized was false.

4. The false information I provided was [describe the false information].

5. I understand that providing false information in court is a serious offense and can lead to legal consequences.

6. I hereby acknowledge that the information was incorrect and I regret any issues or confusion it may have caused.

7. I am making this affidavit voluntarily and without any coercion.

8. I affirm that the information stated herein is true and accurate to the best of my knowledge.

[Signature]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Date]

SWORN TO AND SUBSCRIBED before me this [day] of [month], [year].

[Notary Public Signature]

[Notary Public Name]

My Commission Expires: [Date]