

****Affidavit of [Your Name] Regarding False Claims****

****State of [Your State]****

****County of [Your County]****

****I, [Your Full Name],** of [Your Address], being duly sworn, declare the following:**

1. ****Introduction****

- I am [Your Age] years old.
- I am a resident of [Your City, State].
- I make this affidavit based on my personal knowledge.

2. ****Background****

- [Include a brief background about you relevant to the claims.]

3. ****Details of False Claims****

- On [date], [describe the false claim or statement made, including details such as who made the claim, where it was made, and the context].
- [Explain why the claim is false, providing specific facts and evidence that support your statement.]

4. ****Impact of the False Claims****

- [Describe any impact the false claims have had on you, your reputation, or any other relevant aspect.]

5. ****Conclusion****

- I affirm that the claims mentioned above are false, and I am prepared to provide evidence supporting my statements if required.

****Signature:****

[Your Printed Name]

****Date:**** [Date of Signing]

****Notary Public:****

Subscribed and sworn before me this [day] of [month], [year].

Notary Public

[Notary's Name]

My commission expires: [Date]

****[Notary Seal]****