

**AFFIDAVIT
COMMONWEALTH OF VIRGINIA**

Case No. _____

_____ V. _____

I, _____, the undersigned affiant, state the following acts of abuse and date beginning with the most recent incident.

Date: _____

Place of abuse: _____

Act of abuse: _____

Date: _____

Place of abuse: _____

Act of abuse: _____

AFFIDAVIT – ACTS OF ABUSE, CONTINUED

Date: _____

Place of abuse: _____

Act of abuse: _____

Date: _____

Place of abuse: _____

Act of abuse: _____

I swear (or affirm), under penalty of perjury, that the above is true and correct.

Signature of Affiant

State of _____

City/County of _____; to-wit

Sworn and subscribed to before me this _____
Date

Notary Public

My Commission expires: _____
Date

Virginia Commission No.