



FFAS USE ONLY

Received: \_\_\_\_\_

S\_\_\_\_\_ DB\_\_\_\_\_ STF\_\_\_\_\_

P.O. Box 2085  
Middleburg, VA 20118

Phone: 540.687.5627  
Fax: 540.687.5629

## SWORN STATEMENT OR AFFIRMATION FOR FOSTER AND ADOPTIVE PARENTS, ADULT HOUSEHOLD MEMBERS

Please Print

Last Name	First	Middle	Maiden	Social Security #

Current Mailing Address:	City	State	Zip Code
Forever Families Adoption Services, Inc.	PO Box 2085	Middleburg,	VA 20118
<b>Name of Agency</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State Zip Code</b>

*Please respond to all five (5) questions below:*

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?  
 Yes (convicted in Virginia)       Yes (pending in Virginia)       No  
 If yes to convicted or pending, specify crime(s): \_\_\_\_\_  
 \_\_\_\_\_
  
2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?  
 Yes (convicted outside Virginia)     Yes (pending outside Virginia)     No  
 If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?       Yes (in Virginia)       No (in Virginia)
  
4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?       Yes (outside Virginia)       No (outside Virginia)  
 If yes, specify state, or other location: \_\_\_\_\_
  
5. In what states (other than Virginia) have you lived in the past 5 years? \_\_\_\_\_  
 \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class 1 misdemeanor.**

Signature	Date	Telephone
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