



# CLAIMS COMMISSION FOR THE STATE OF TENNESSEE

\_\_\_\_\_, )  
 Claimant , )  
 )  
 v. ) Claim No. \_\_\_\_\_  
 )  
 STATE OF TENNESSEE, )  
 Defendant . )

## AFFIDAVIT

STATE OF TENNESSEE )  
 )  
 COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, make oath as follows:

1. I am an Assistant District Attorney/District Attorney General (circle one choice) for the \_\_\_\_\_ judicial district of the State of Tennessee.
2. As such, I investigated the above claim for Criminal Injuries Compensation filed under Title 29, Chapter 13, Part 1 of Tennessee Code Annotated and have submitted herewith the report required under Tennessee Code Annotated, Section 29-13-108.
3. I hereby certify that said report contains all information I have in support of or in opposition to the claim.

FURTHER AFFIANT SAITH NOT.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Typed or Printed Name of Affiant)

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission expires: \_\_\_\_\_