

By signing the below affirmation/verification you affirm/verify that neither parent of the below listed college student claims him/her as a dependent. In addition, by signing below, you affirm/verify that have you read and fully understand all of the terms and conditions of this affirmation/verification.

Affirmation/Verification

_____ has applied for representation by the Office of Public Defender of Clarion County. He/she is a college student and has informed our office that he/she is not claimed as a dependent on his/her parents income tax return.

I verify that I am the parent of _____ and that my address is _____. I further verify that _____ is not claimed as a dependent on the income tax return of either parent.

If necessary, I agree to provide income tax returns as requested by the Office of the Public Defender of Clarion County.

VERIFICATION

I verify that my statements in the foregoing affirmation/verification are true and correct to the best of my knowledge, information and belief. ***I further understand that these statements made are subject to the penalties provided at 18 PA.C.S.A. §4904 relating to Unsworn Falsification to Authorities.***

Date

Print name

Signature