Affidavit Form

I (Affiant's name)	being duly sworn as an affiant, hereby depose and		
state: It's a fact that the	inmate (Inmate's No. and No.	ame)	
'S(relationship and relative's na	me)	is	in life-threating state. passed away.
I guarantee that the inr	nate will obey the laws	and i	nstitutional regulations during
home visiting duration.			
If the inmate escapes, I	as an affiant shall assis	t the	organization to arrest him and
take the responsibility	to urge him back to just	tice.	
I hereby declare that if t	he above information is	s misp	oresentation or false statement,
I shall bear all the legal	liability.		
	Affiant's name	:	
(Both sides of Affiant's	personal ID card copie	es)	
A	ffiant's personal ID No.	:	
Affiant's	contact phone number	:	
Relationship betw	een affiant and inmate	:	
	Affiant's address	:	
Signature			
Date of affidavit	(YYY	<u>Y/MM/</u>	DD)