**Form D**

**AFFIDAVIT OF VERIFICATION**

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ss.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says that (*he/she*) is the

(*name of petitioner/respondent*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this proceeding; that (*he/she*) has read the annexed

(*petitioner/respondent*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and knows the contents thereof; that the same is true to the

(*request for review/answer/reply*)

knowledge of deponent except as to the matters therein stated to be alleged upon information and

belief, and as to those matters (*he/she*) believes it to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Signature*)

Subscribed and sworn to before me this

\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Signature and title of officer*)