

**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)*