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|---|---|
| <p>STATE OF INDIANA</p> <p style="text-align: right;">SS:</p> <p>COUNTY OF _____</p> <p>STATE OF INDIANA</p> <p>v.</p> <p>_____</p> <p style="text-align: right;"><i>Defendant.</i></p> | <p>IN THE _____ COURT</p> <p>SITTING IN _____</p> <p>CONTINUOUS TERM, 2020</p><br><p>CAUSE NO.: _____</p> |
|---|---|

**AFFIDAVIT RELATING TO PRIOR CRIMINAL RECORD**

I hereby disclosed the following prior criminal record including arrests:

| <u>Charge</u> | <u>Convictions/Sentence, if any</u> | <u>County/State</u> | <u>Year</u> |
|---------------|-------------------------------------|---------------------|-------------|
|               |                                     |                     |             |
|               |                                     |                     |             |
|               |                                     |                     |             |

**On Probation Now?** \_\_\_\_ Yes \_\_\_\_ No **On Parole Now?** \_\_\_\_ Yes \_\_\_\_ No.  
 (OTHER PENDING CHARGES)

**Full Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE ABOVE DISCLOSURE IS TRUE AND COMPLETE, LISTING ALL CRIMINAL ACTIVITY WITH WHICH I HAVE BEEN CHARGED, AND LISTING ALL CHARGES NOW PENDING AGAINST ME. I UNDERSTAND THAT IN THE EVENT THIS DISCLOSURE IS INACCURATE IN ANY RESPECT, THE STATE OF INDIANA SHALL BE PERMITTED TO REVOKE ANY PLEA OFFER, OR WITHDRAW FROM ANY PLEA AGREEMENT.

I UNDERSTAND THAT MY ATTORNEY IS IN NO MANNER RESPONSIBLE FOR THE ACCURACY OF THIS AFFIDAVIT.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Defendant**