

**FACILITY:** \_\_\_\_\_

**STATE OF GEORGIA**

**AFFIDAVIT- HISTORY OF MISCONDUCT**

**COUNTY OF** \_\_\_\_\_

**PERSONALLY APPEARED** before the undersigned officer, duly authorized to administer oaths, came the undersigned, who after having been duly sworn, state under oath, the following:

1. That my name is \_\_\_\_\_ and that I am who I say I am;
2. That my address is \_\_\_\_\_;
3. That I have never abused, neglected, sexually assaulted, exploited or deprived any person.
4. That I have never subjected any person to serious injury as a result of intentional or grossly negligent misconduct.
5. That I have not made any material false statements concerning qualification requirements either to the Department or to Loving Home Care of Georgia LLC.

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Affiant**

\_\_\_\_\_  
**NOTARY PUBLIC  
STATE OF GEORGIA**