



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Vacant
Director

Sworn Statement for Claim of Good Cause

I, \_\_\_\_\_, swear or affirm that on or about \_\_\_\_\_,
(Your Name) (Date of incident)

\_\_\_\_\_ did or said the following (explain what happened),
(Alleged Father/Non-Custodial Parent)

making me believe that he/she may harm me or my children:

Four horizontal lines for providing details of the incident.

Check if applicable:

( ) I received medical treatment at \_\_\_\_\_
on \_\_\_\_\_ by (if known) \_\_\_\_\_
(Date)

( ) I did not get treated for my injuries because \_\_\_\_\_

I do solemnly swear or affirm that the above information provided by me is true and correct to the best of my knowledge under penalty of perjury.

\_\_\_\_\_
(Your Signature)

\_\_\_\_\_
(City)

\_\_\_\_\_
(State)

\_\_\_\_\_
(Zip)