**Form 65.05** [heading not required; attach to application]

**Affidavit Supporting Application**

I, , [*swear*/*affirm*] that the statements in the attached application for reduction of parole ineligibility are true, and are based on my personal knowledge except [indicate any statements that are based on what you are told by another, name that person, and state your belief of them] .

*Sworn to*/*Affirmed* before me )

on , 20 )

at , )

)

)

)

Signature of authority Signature of witness Print name:

capacity: