



OCALA POLICE DEPARTMENT AFFIRMATION FORM

I (Print name of complainant) _____
realize that it may become necessary, during the investigation of my Inquiry/Complaint against an employee(s) of the Ocala Police Department, to meet with an investigator(s) of the Ocala Police Department.

I hereby accept the premise that if any action is initiated through a Court or Administrative Hearing, as a result of my Inquiry/Complaint, my testimony before those hearings may be required.

I acknowledge that pursuant to Florida State Statute 112.532(3), "Civil Suits Brought By Law Enforcement or Correctional Officers" that, "Every law enforcement officer or correctional officer shall have the right to bring civil suit against any person, group of persons, or organization or corporation, or the head of such organization or corporation, for damages, either pecuniary or otherwise, suffered during the performance of the officer's official duties or for abridgment of the officer's civil rights arising out of the officer's performance of official duties".

I acknowledge that pursuant to Florida State Statute, 837.012, that, "Perjury when not in an official proceeding: (1) Whoever makes a false statement, which he does not believe to be true, under oath, not in an official proceeding, in regard to any material matter, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 75.082 or s. 775.083.

I so hereby affirm that I have read this form and that the information provided by me reference my Inquiry/Complaint is true and complete to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 ____.

By (Signature of Affiant) _____

Personally Known _____, or Produced Identification _____, Type of Identification _____

Official Notary Signature of Law Enforcement Officer: _____

Original of this form is to be attached to Inquiry/Complaint Form.