**Page 1 of 3**

**AFFIDAVIT**

Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In accordance with the Connecticut General Statutes 19a-491a, you are required to complete this affidavit if you are an owner, officer, director, trustee, managing partner, limited partner, general partner, person having 10% or greater ownership interest in the owner/licensee, administrator, assistant administrator, person-in-charge, medical director, director of nursing and assistant director of nursing.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maiden Name)

Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate relationship with owner/licensee:

 Owner [ ] Person having 10% or [ ]

 greater ownership interest

 Officer [ ] in the owner/Licensee

 Director [ ] Administrator [ ]

 Trustee [ ] Assistant Administrator [ ]

Limited Partner [ ] Medical Director [ ]

General Partner [ ] Director of Nurses [ ]

Managing Partner [ ] Asst. Director of Nurses [ ]

Person-in-Charge [ ]

1. Have you ever been convicted of a felony as defined in Subsection 53a-25 of the Connecticut General Statutes? If yes, explain.
2. Have you ever pleaded nolo contendere to a felony charge? If yes, explain.

3. Have you ever been held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property? If yes, explain.

**AFFIDAVIT**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently subject to an injunction or restrictive or remedial order of a court of record? If yes, explain.

5. **Within the past five years have you had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, rising out of or relating to health care business activity, including but not limited to, actions affecting the operation of a nursing home, retirement home, home for the aged or any facility subject to Section 17-535 to 17-550 inclusive of the Connecticut General Statutes, or a similar statute in another state or country. If yes, explain.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , personally appeared and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME SIGNATURE/TITLE

Subscribed and sworn to me before this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_.

State of Connecticut )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public [ ]

 Justice of the Peace [ ]

 Town Clerk [ ]

 Commissioner of the Superior Court [ ]

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Notary Public)