

Declaration

State of Georgia

_____, of _____ do
(Indemnitor) (Address)

1.

I have known _____, presently incarcerated
(Principal)

in the _____, for a period of _____ years.
(Jail)

2.

I do/do not know him/her by any other name.

3.

I know that he/she is sometimes called _____

False information shall result in your arrest.

Dated the _____ day of _____ 20_____

X _____
Declarant