



Affidavit Certifying Need of Protection

(T.C.A. § 10-7-504)

State of Tennessee
County of _____

This agency certifies that _____ is a victim of domestic violence, sexual assault, and/or stalking, and that this person is in need of protection, and that his/her identifying information as defined in T.C.A. § 10-7-504 be held confidential.

Agency Representative

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

NOTARY PUBLIC

My commission expires: _____, 20____.