

AFFIDAVIT
(WTC Disability Witness)

STATE OF NEW YORK)
) **ss:**
COUNTY OF)

I, Police Officer _____, being duly sworn, depose and say:

1. I am over 18 years of age.
2. I am a New York City Police Officer, Shield Number: _____.
Tax Number: _____. Command: _____.

During the period of September 11, 2001 through September 12, 2002, I was assigned or responded to the following sites:

WTC Site;
Fresh Kills Land Fill;
NYC Morgue or temporary morgues on pier locations on the west side of Manhattan;
Barges traveling between the west side of Manhattan and the Fresh Kills Land Fill.

3. While assigned to the above site/sites, I witnessed New York City Police Officer _____ participating in rescue, recovery or cleanup operations on the following occasions:
(insert Police Officer's name)

_____	_____	_____	_____
(Month)	(Date)	(Year)	(Hours)
_____	_____	_____	_____
(Month)	(Date)	(Year)	(Hours)
_____	_____	_____	_____
(Month)	(Date)	(Year)	(Hours)
_____	_____	_____	_____
(Month)	(Date)	(Year)	(Hours)
_____	_____	_____	_____
(Month)	(Date)	(Year)	(Hours)

(SIGNATURE)

POLICE OFFICER _____
(Print Name)

Sworn before me this
_____ day of _____, 200__.

Notary Public