AFFT

(Your Name) _____

(Address)_____

_____

(Telephone) _____

(Email Address)_____

Self-Represented

DISTRICT COURT

CLARK COUNTY, NEVADA

_____ Plaintiff, and _____ Defendant.	CASE NO.: _____ DEPT NO.: _____ **AFFIDAVIT OF RESIDENT WITNESS**

STATE OF NEVADA)
) SS:
County of Clark)

I, *(resident witness' name)* _____, swear under penalty of perjury that the following statements are true and correct.

1. I am over the age of eighteen (18) and competent to testify of my own knowledge to the following.
2. I have lived in the State of Nevada for *(number)* _____ years and currently lived at *(street, city, state)* _____ and I intend to live in the State of Nevada for the foreseeable future.

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3. To my personal knowledge, *(name of person whose residency is being established)* _____ lives at *(street, city, state)* _____ _____and has been physically living within the State of Nevada on a daily basis for at least six (6) weeks prior to the filing of this action on *(date)* _____.
4. To my personal knowledge, *(name of person whose residency is being established)* _____ has physically lived in the State of Nevada since *(date)* _____.
5. I see the *(☑ check one)* ☐Plaintiff ☐Defendant an average of *(number)* _____ times per week.
6. I know the *(☑ check one)* ☐Plaintiff ☐Defendant because _____ _____ _____.
7. I know of my own personal knowledge that *(name of person whose residency is being established)* _____is a bona fide resident of the State of Nevada.

DATED this *(day)* _____ day of *(month)*_____, 20____.

(Signature) ▸ _____

(Printed Name) _____

SUBSCRIBED and SWORN to before me

this _____ day of _____, 20____.

_____

NOTARY PUBLIC

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