

CONFIDENTIAL

**DECLARATION**

I, \_\_\_\_\_, voluntarily give this declaration to \_\_\_\_\_,  
known to me as an agent/analyst for the State of California, Department of Health Care Services.

I declare as follows:

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I HAVE READ THE FOREGOING DECLARATION AND I DECLARE UNDER PENALTY OF PERJURY THAT IT IS TRUE AND CORRECT.

Executed on \_\_\_\_\_, 20\_\_\_\_, at  
\_\_\_\_\_

County of \_\_\_\_\_, California.

\_\_\_\_\_  
Declarant Signature\*

\_\_\_\_\_  
Agent/Analyst Signature\*

Declarant Address	Phone
Employer Address	Phone

\*Each page of the Declaration must be signed by Declarant and Agent/Analyst.