



**CENTRAL FLORIDA INJURY**

**Rehabilitation**

**Phone: (407) 381-5100 Fax: (407) 275-9395**

**AFFIDAVIT**

I SWEAR, UNDER THE PENALTY OF PERJURY:

I AM \_\_\_\_ YEARS OF AGE AND A RESIDENT OF THE STATE OF FLORIDA. I AM PRESENTLY UNDER NO INFLUENCE OR PRESSURE TO ACT IN THIS MATTER. I AM SOUND MIND AND HERE OF MY OWN FREE WILL. I HAVE EITHER READ THIS AFFIDAVIT MY SELF OR HAVE HAD IT READ TO ME. I AM TO COMPREHEND AND UNDERSTAND THIS INSTRUMENT.

I HAVE BEEN INVOLVED IN AN AUTO ACCIDENT ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

THIS ACCIDENT OCCURRED WITHIN THE STATE OF \_\_\_\_\_ AND IS EVIDENCE BY THE UNIFORM MOTOR VEHICLE REPORT# \_\_\_\_\_ WHICH I PRESENTED TO CENTRAL FLORIDA INJURY & REHABILITATION CENTERS.

I HAVE PRESENTED TO CENTRAL FLORIDA INJURY & REHABILITATION CENTERS WRITTEN DOCUMENTS AND ORAL REPRESENTATIONS OF MY INJURIES INCURRED IN THE ABOVE ACCIDENT. I SWEAR THE INJURIES SUSTAINED, THE PAIN AND SUFFERING I HAVE EXPERIENCED IS REAL. I HAVE NEITHER IMAGINED NOR EXAGGERATED THE EXTENT AND NATURE OF MY PAIN AND SUFFERING.

NO PARTY HAS INDUCED ME OR INFLUENCED ME TO GO TO CENTRAL FLORIDA INJURY & REHABILITATION CENTERS. I HAVE CHOSEN TO DO SO ON MY OWN.

I HAVE NEITHER CONSPIRED WITH ANY PERSON NOR GROUP OF PERSONS TO PRESENT ANY UNTRUTH TO CENTRAL FLORIDA INJURY & REHABILITATION CENTERS OR ANY OTHER PARTY IN AN ATTEMPT TO INJUSTLY EXTRACT MONEY FROM ANY PERSON, INSURANCE COMPANY OR OTHER THIRD PARTY. CENTRAL FLORIDA INJURY & REHABILITATION CENTER HAS ADVISED ME IS CRIME IS PUNISHABLE BY IMPROSONMENT AND /OR A FINE.

THIS AFFIDAVIT IS GIVEN AS AN INDUCEMENT TO CENTRAL FLORIDA INJURY & REHABILITATION CENTERS TO TREAT THE UNDERSIGNED FOR THE INJURIES AFOREMENTIONED.

\_\_\_\_\_ PRESENTED THE FOLLOWING IDENTIFICATION TO ME:

TYPE: \_\_\_\_\_ ID# \_\_\_\_\_

THE ABOVE IS STATED AT THE TIME OF \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

IN THE STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PATIENT SIGNATURE