

CERTIFICATION OF INCARCERATION PERIOD

..... NAME OF DEFENDANT VERIFIED - INITIAL IN BOX DATE OF BIRTH VERIFIED - INITIAL IN BOX
..... LAST FOUR DIGITS OF SOCIAL SECURITY NO. VERIFIED - INITIAL IN BOX U.S. MARSHAL NO. VERIFIED - INITIAL IN BOX

I, , do hereby certify that the above-named defendant
NAME OF PERSON CERTIFYING

was incarcerated in the
NAME OF CORRECTIONAL FACILITY

[] beginning and continuing through
START DATE OF INCARCERATION LAST DAY OF INCARCERATION

[] on the following days:

.....

.....
DATE SIGNATURE OF PERSON CERTIFYING

.....
POSITION TITLE OF PERSON CERTIFYING PRINTED NAME OF PERSON CERTIFYING

[] I am certifying the dates of incarceration on behalf of the superintendent, warden or other official in charge of the
above-named correctional facility,

.....
NAME OF SUPERINTENDENT, WARDEN OR OTHER OFFICIAL IN CHARGE OF CORRECTIONAL FACILITY

FOR NOTARY PUBLIC'S USE ONLY:

State of [] City [] County of

Acknowledged, subscribed and sworn to before me this day of, 20

.....
NOTARY REGISTRATION NUMBER NOTARY PUBLIC
(My commission expires:)