

## Self-Attestation

I, \_\_\_\_\_ believe that I am a victim of domestic or gender-based violence.

Client Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safe Address and Telephone Number:

Safe Address: \_\_\_\_\_

Care Of: \_\_\_\_\_

Safe Telephone Number: \_\_\_\_\_