PRIMARY CARE-GIVER
AFFIDAVIT

State of _____)
)
County of _____)

I, _____

do hereby state and affirm that I am a Primary Care-giver as defined by Amendment 20 and the implementing state statues and administrative regulations, located at _____

_____

Attach a copy of your Care-giver State of Colorado application and/or your Care-giver/Patient ID card

_____
Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 20____.

_____
Notary Public

My commission expires: _____.