affidavit of [*insert name*]  
([*insert sworn or Affirmed*] [*insert date*])

I, [*insert affiant’s name*], of the City of [*insert city*], in the Province of [*insert province*],

**MAKE OATH AND SAY AS FOLLOWS:**

1. I am [*insert your relationship to the OxyContin®/OxyNEO® User*] and as such have knowledge of the matters to which I hereinafter depose. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information and belief. All of the information I have deposed to, I verily believe to be true.
2. [*insert specific details as to the circumstances surrounding your relationship to the OxyContin®/OxyNEO® User at the time of their injury or injuries due to their use of OxyContin® and/or OxyNEO®*.]

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| --- | --- | --- |
| **SWORN OR AFFIRMED** remotely by [*insert name*] stated as being located in the City of [*insert city*], in the Province of [*insert province*], before me at the City of [*insert city*], in the Province of [*insert province*], on [*insert date*], in accordance with [*insert regulation based on jurisdiction*], Administering Oath or Declaration Remotely. | ) ) ) ) ) ) ) |  |
| [*insert title, i.e. A Commissioner, etc.*] | [*insert affiant’s name*] |