| State of Alabama<br>Unified Judicial System<br><br>Form PERS-60 Rev. 4/07 | **APPLICANT'S AFFIDAVIT OF DISABILITY**<br>**(Type or Print)** | |
|---|---|---|

Name: _____

Present Position: _____

Home Address: _____
*(Number) (Street) (City) (State) (Zip Code)*

Telephone Number: *Home:* _____ *Work:* _____

Date of Birth: _____

Spouse's Date of Birth: _____

Date of onset of illness or injury causing present disability: _____

Are you now totally disabled and unable to work? _____

If "yes" give date of disability: _____

Date last worked: _____

Nature of illness or injury upon which disability retirement is being claimed: _____

| Form PERS-60 (back) | **APPLICANTS AFFIDAVIT OF DISABILITY** |
|---|---|

Physicians consulted since onset of disability:

| Name | Address |
|---|---|
| | |
| | |
| | |
| | |
| | |

Date of first treatment: _____

Physician: _____

If hospitalized for disabling disease/illness/injury give names of hospitals:

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Date your current term ends: _____

Last election in which you were a candidate for office: _____

_____

Did you lose? _____

THE ABOVE ANSWERS ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**NOTE**: *Any person who knowingly files an Affidavit/Statement of Claim containing any false or misleading information is subject to criminal and civil penalties*

Sworn to and subscribed before me this

Date: _____

_____
Applicant's Signature

_____
Notary Public

_____
Applicant's Name (please print or type)