

AFFIDAVIT OF _____

1. I have personal knowledge of the following facts, and if sworn as a witness, I would be competent to testify thereto.
2. My spouse is a retiree of a United States Armed Service.
3. I have a child with autism.
4. My family and I, including my child with autism, are eligible for TRICARE Basic health benefits.
5. I learned that TRICARE Management Activity would only cover ABA therapy as a benefit under the Extended Care Health Option, which is only available to active duty service members, and therefore my child with autism is ineligible for ABA therapy benefit payments.
6. Upon information and belief, any failure or delay in receiving the medically necessary number of hours of ABA therapy will probably have catastrophic developmental, emotional, and/or cognitive consequences for my child with autism.

I declare, under penalty of perjury, that the foregoing matters are true and correct, and that I have personal knowledge of such matters:

Executed pursuant to 28 U.S.C. § 1746, on this ____ day of _____, 2010.

Signature

Print Name

Mailing Address

E-mail Address