

Molina Healthcare of Nevada, Inc.

	Affido	avit		
State o	of Nevada			
County	y of			
and sa	ys under penalties of perjury that:	, being ⁻	first duly sworn, deposes	
1.	I have been raped and have become p	oregnant as a r	esult of that rape.	
2.	I understand that rape is defined in the criminal statutes as being subjected to or forced to engage in a sexual penetration by another against my will.			
3.	I have decided of my own free will to tabortion.	ded of my own free will to terminate this pregnancy through an		
4.	Further affiant sayeth naught.			
Signature		_	Date	
Subscribed and sworn to before me this		day of	, 20	
 Notary	, Public			