Mail to: Sierra Health Group, LLC 440 Franklin Street, Suite 300

Bloomfield, NJ 07003



Fax to: 888-420-7704

STATEMENT OF NO CONTACT

I, the undersigned	attest that I have no contact with my child /
children's other parent. We have had no contact since	I receive no child support or
assistance of any kind, and I am unaware of his / her wher	eabouts. I am my child / children's sole means
of support.	
a· .	D .
Signature:	Date: