

SWORN AFFIDAVIT

STATE OF TEXAS
COUNTY OF HARRIS

DATE: _____
TIME: _____

Before me, the undersigned authority, appeared _____
(Print Affiant's Name)

who after being duly sworn on his/her oath deposes and says:

My full name is: _____. I am ____ years of age, and my date of birth is: _____. I currently reside at: _____, in (city): _____, (state) _____, Zip Code: _____. My home telephone number is: _____, and my work number is _____. I can also be contacted at (other number, pager, cell, etc...) _____. My driver's license or official identification number is: _____, and my Social Security Number is: _____.

I HAVE BEEN INFORMED THAT UNDER TEXAS LOCAL GOVERNMENT CODE, SECTION 143.123 THAT:

"AN INVESTIGATOR MAY NOT CONDUCT AN INTERROGATION OF A FIREFIGHTER OR POLICE OFFICER BASED UPON A COMPLAINT BY A COMPLAINANT (PERSON) WHO IS NOT A PEACE OFFICER UNLESS THE COMPLAINANT (PERSON) VERIFIES THE COMPLAINT IN WRITING BEFORE A PUBLIC OFFICER WHO IS AUTHORIZED BY LAW TO TAKE STATEMENTS UNDER OATH."

In order to conduct a complete and thorough investigation of your complaint, we need you to answer the following questions. Please be as specific as possible.

1. Date of Incident: _____ Time of Incident: _____

2. Location of the incident (address): _____

3. Number of Houston Police Officers/Employees involved: _____

List any names, badge numbers, vehicle numbers and/or license plate numbers, And/or provide physical descriptions of the officer(s) involved:

A. _____

B. _____

C. _____

(Use separate page if necessary)

4. Number of witnesses who observed the incident: _____
Provide full names, addresses, phone numbers, and any other identifying data. If there are no witnesses, please write the word "NONE."

A. _____

B. _____

C. _____

D. _____

E. _____

5. Did you sustain any injuries? _____ If yes, please list the type of injuries which were a result of this particular incident: _____

(Use separate page if necessary)

6. Did you receive any medical attention? _____. If yes, please provide the name, address, and telephone number(s) of any doctor's office and/or hospital, as well as the date you received treatment. _____

7. Were you arrested? _____ Were you issued any tickets? _____ If yes to either question, please list the charges filed and/or citations issued and the disposition.

(Please use additional page if necessary)

8. Please give a detailed accounting of what happened.

Issue Record # _____ Incident # _____

(Use additional pages if necessary)

I have completed ___ years of school and can read and write the English Language. I have read this statement in its entirety and certify that it is correct and true to the best of my knowledge.

(Name: Printed)

(Signature)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Signature: _____

(Notary Stamp/Seal)

(NOTE: A typed or hand-written statement may be attached in lieu of section 8 of this document. However, the document must be dated and signed in the presence of a Notary Public). All pages of the statement must be dated and initialed.