

SWORN AFFIDAVIT

State of Texas
County of Travis

Statement Date: _____, 20____
Statement Time: _____ AM/PM

Before me, the undersigned authority, appeared _____,
who after being sworn on his/her oath deposes and says:

My name is _____. I am _____ years of age. My date of birth
is _____. I live at _____, Zip Code
_____. My home phone number is _____ and my work phone number is
_____. I can also be contacted at _____.
_____ authority
number is _____.

I HAVE BEEN INFORMED THAT UNDER TEXAS GOVERNMENT CODE, SECTION 614.022 THAT:

“

F. _____

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

6. Did you receive medical treatment? _____. If yes, please provide the name, address and phone number of the doctor or hospital. **ADDITIONALLY, PLEASE COMPLETE THE ATTACHED MEDICAL RELEASE OR INFORMATION FORM.**

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

Ticket # _____

8. Give a full, detailed description of the incident. **PLEASE BE SPECIFIC**
