



### SWORN AFFIDAVIT

STATE OF TEXAS  
COUNTY OF FAYETTE

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 the City of \_\_\_\_\_, in the State of \_\_\_\_\_, Zip Code: \_\_\_\_\_.  
My contact number is: \_\_\_\_\_ and my work number is: \_\_\_\_\_.  
My driver's license or identification card number and state are: \_\_\_\_\_.  
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 WHO IS NOT A PEACE OFFICER UNLESS THE 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 Incident (address): \_\_\_\_\_
3. Number of Schulenburg Police Officers/Employees involved: \_\_\_\_\_

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

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Initial: \_\_\_\_\_  
Date: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did you receive and 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

8. Please give a detailed account of what happened (attach additional pages if necessary):

[illegible]

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

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. I also understand that making a false or deceptive statement under oath may subject me to criminal prosecution under the Perjury statute below.

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(SIGNATURE)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SIGNATURE: \_\_\_\_\_

(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.

**PERJURY: Texas Penal Code, Chapter 37.02 (a:1): "A person commits an offense if, with intent to deceive and with knowledge of the statement's meaning: (1) he makes a false statement under oath or swears to the truth of a false statement previously made and the statement is required or authorized by law to be made under oath."**

Initial: \_\_\_\_\_

Date: \_\_\_\_\_