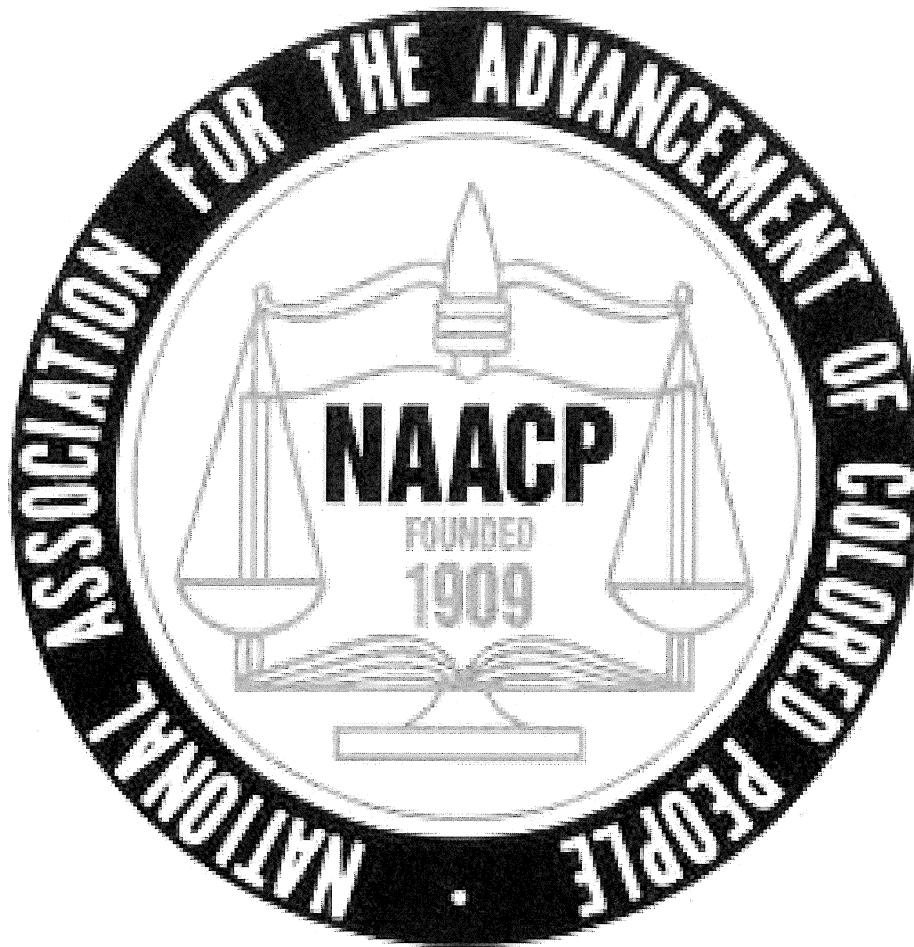


Issue Record # ...

CIO Tracking # ...

HPD Incident # ..

NAACP HOUSTON BRANCH



POLICE COMPLAINT CENTER

2002 Wheeler, Houston, Texas 77004

Issue Record # _____

CIO Tracking # _____

HPD Incident # _____

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)

Issue Record# _____ CIO Tracking # _____ HPD Incident# _____

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. _____

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)

Issue Record# _____ CIO Tracking # _____ HPD Incident# _____

I have completed _____ years of school and can read and write the English Language.

I am making a No Contact Request _____ **Yes** **No**

If Yes, the accused officer shall have no contact with the person, who made the complaint. This contact rule shall not interfere with the officer's ability to discharge their duty as a peace officer of the State of Texas.

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.

(Name; Printed) _____ (Signature) _____

Subscribed and sworn to before me this _____ day of _____

Notary Signature: _____ *(Notary 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

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,"