



# 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 name is: \_\_\_\_\_. I am \_\_\_\_\_ years of age and my date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. I currently reside at \_\_\_\_\_ in (city): \_\_\_\_\_, zip code \_\_\_\_\_. My home phone number is \_\_\_\_\_. My work phone number is \_\_\_\_\_, or I can be contacted at \_\_\_\_\_. Race: \_\_\_\_\_ Gender: \_\_\_\_\_ TDL or ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

I have been informed that under the Penal Code of the State of Texas, Section 37.02: A person commits the offense of perjury if, with intent to deceive and with knowledge of the statement's meanings; 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.

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

1. Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Time of Incident: \_\_\_\_\_
2. Location of Incident: \_\_\_\_\_
3. Number of METRO Police Officers/Employees involved in the incident: \_\_\_\_\_

Give names, badge number, vehicle number, or license number, and/or a physical description of the officers involved (race, gender, etc.):

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

### METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION

Issue Record # \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials: \_\_\_\_\_

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

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(Use separate page if necessary)

4. Number of witnesses who observed the incident: \_\_\_\_\_. Give full names, addresses and phone numbers of witnesses if possible. If none, write **NONE**.

Witness(es) Name	Address	Phone Numbers (Hm/Wk)
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5. Type of injuries which were a result of the incident:


6. Did you seek medical attention? \_\_\_\_\_ If yes, what hospital and what doctor?

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7. Were you arrested and/or issued traffic citations? \_\_\_\_\_ If yes, list the charges filed and/or citations issued and the disposition.


8. Give a full detailed account of the incident:


**METRO POLICE DEPARTMENT PROFESSIONAL STANDARDS DIVISION**

Issue Record # \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials: \_\_\_\_\_

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

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(Use separate page if necessary)





