





Are there other people who witnessed the alleged assault against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked YES, please give the name(s), telephone number(s) and work address(es) for each witness in the space provided below:

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

Are there other people who could testify about any injury(ies) you may have had as a result of the alleged assault?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked Yes, please give the name(s), telephone number(s) and work address(es) for each person named in the space provided below.

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

THE ABOVE AND FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN to before me by the affiant on the \_\_\_\_\_ of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Notary Public, Dallas County, Texas

My Commission Expires:

\_\_\_\_\_