

# TEXAS STATE COMMISSION ON JUDICIAL CONDUCT



## Witness Affirmation Form

**PLEASE PRINT LEGIBLY**

\*\* Name \_\_\_\_\_

\*\* Title \_\_\_\_\_

\*\* Organization \_\_\_\_\_

\*\* Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

(To be used for future correspondence from our agency)

\*\* *This information is subject to potential disclosure under applicable law. Written testimony received is considered public record, and will be released to the public upon written request.*

I hereby certify that I have read and understand the above, that the information is correct, and the testimony I give before this body will be true and accurate.

\_\_\_\_\_  
(Witness Signature) Date

***** <b>TESTIMONY IS LIMITED TO 3 MINUTES</b> (As determined by the Chair) *****	In your testimony, please summarize your points, not repeating the testimony of previous witnesses. You may provide additional written comments within three business days of the hearing. These proceedings are being recorded.
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