

Texas Health and Human Services Commission  
Office of Inspector General  
Records Affidavit

State of Texas, County of \_\_\_\_\_

In the Matter of \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
who, being by me duly sworn, deposed as follows:

1. My name is \_\_\_\_\_. I am over the age of eighteen and have never been  
convicted of a felony. I am of sound mind and capable of making this affidavit. I have personal knowledge  
of the facts stated herein, and they are true and correct.

2. I am the custodian of records of \_\_\_\_\_

3. Attached to this affidavit are:

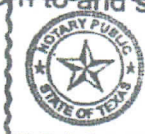
☒ Client Records Inventory ☐ Business Records Inventory ☐ Miscellaneous Items Inventory  
as delineated in the attached \_\_\_\_\_ forms which total \_\_\_\_\_ pages.

4. These records, which include the entire content and substance of the files and documentation  
referenced herein and on all attachments, are kept by \_\_\_\_\_ in the regular  
course of business, and it was the regular course of business of \_\_\_\_\_  
for an employee or representative of \_\_\_\_\_, with knowledge of the act,  
event, condition, opinion or diagnosis that was recorded, to make this record or to transmit the information  
to be included in this record. The record was made at or near the time or reasonably soon after the act,  
condition, opinion, or diagnosis that was recorded.

The records attached to this affidavit are the original or exact duplicates of the original.

\_\_\_\_\_  
(Signature of Affiant)

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



Notary Public  
STATE OF TEXAS  
Commission Exp. 05-03-2014

Notary without Bond

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Printed Notary Name