UNSWORN DECLARATION
TEXAS CIVIL PRACTICE AND REMEDIES CODE - CHAPTER 132

Select one ■:

☐ I **do not** intend to appear at the hearing either in person, by telephone conference call or by videoconference. This unsworn declaration and the evidence and/or argument incorporated in it may be considered at the convenience of the ARB.

☐ I intend to appear **in person** at the hearing. This unsworn declaration and the evidence incorporated in it may be used for the hearing if I do not appear in person.

☐ I intend to appear **by telephone conference call** for the hearing and submit this unsworn declaration to offer evidence and arguments. This unsworn declaration and the evidence incorporated in it may be used for the hearing if I do not appear in person or call in for the hearing.

☐ I intend to appear **by videoconference call** for the hearing and submit this unsworn declaration to offer evidence and arguments. This unsworn declaration and the evidence incorporated in it may be used for the hearing if I do not appear in person or call in for the hearing.

Account number: _____ **Telephone number:** _____

Scheduled Hearing Date and Time: _____

Sec. 132.001. **UNSWORN DECLARATION**. (a) Except as provided by Subsection (b), an unsworn declaration may be used in lieu of a written sworn declaration, verification, certification, oath, or affidavit required by statute or required by a rule, order, or requirement adopted as provided by law.
(c) An unsworn declaration made under this section must be:
(1) in writing; and
(2) subscribed by the person making the declaration as true under penalty of perjury.

An unsworn declaration made under this section must include the following statement:

"My name is _____ _____ _____, my date of birth is_____,
(First) (Middle) (Last) (MM/DD/YYYY)

and my address is _____, (Number & Street)

_____, _____ _____ _____
(City) (State) (Zip Code) (Country)

Facts for ARB Hearing (Attach Additional Comments and Evidence):

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

I declare under penalty of perjury that the foregoing (including any incorporated statements on other pages) is true and correct.

Executed in _____ County, State of _____, on the _____ day of_____, 20_____.

Wet Signed: _____Declarant

Agency Name: _____(if applicable)

TAD Issued Agent Number: _____(if applicable)

This form is not accepted via fax or email.
Improper/incomplete execution of form could result in dismissal of hearing for failure to appear.