PHYSICIAN'S AFFIDAVIT

Provided by Travis County District Attorney's Office

IN THE INTEREST OF:			§	IN THE DISTRICT COURTS OF					
		_,	§	COUNTY, T E X A S					
Α	СНІ	LD	§	JUDICIAL DISTRICT					
			FIDAVIT IN SUF XTRAORDINAR						
10	1 O	THE UNDERSIGNED AF ATH MAKES THE FOLLO		TO, AND AFTER BEING DULY SWORN ENTS:					
A.	Identifying Information:								
	2) 3)	Your Specialty and Level Relationship to Patient (d	: loctor, consultant):					
B.	Initial Contact with the Patient:								
	1)) Interview with family members regarding medical history (where and when):							
	2)	2) History of follow-up care by caretaker:							
	3)	3) Interaction of family members and/or caretaker with patient:							
C.	De	escription of Patient's cond	lition and medica	l needs:					

D.	Conclusion and Diagnosis:					
E.	In my opinion the above child's receive proper medical attention	physical well-being IS/IS NOT at risk if he/she does not				
200	SUBSCRIBED AND SWORN	AFFIANT TO before me this day of,				
		Notary Public in and for Travis County, Texas				
Му	commission expires:					

	Before	me,	the	•	authority, personally appeared _, who, being by me duly sworn, deposed
as foll	ows:				
makin	My name g this affida	is avit, and	d persor	nally acquainted	, I am of sound mind, capable of with the facts herein stated:
	I am the C	Custodia	an of Re	ecords of	
Attach	ned hereto	are		pages o	of records from
				These s	aid pages of records are kept by
					_ in the regular course of business, and it
was th	ne regular d	course c	of busine	ess of	, for
	ployee or re	•			, with
or to tr	ransmit info	rmation or reas	thereof sonably	to be included in soon thereafter	or diagnosis, recorded to make the record such record; and the record was made at the records attached hereto are the
				Affiant	

SWORN TO AND SUBSCRIBED before me on the __ day of July, 2000.

AFFIDAVIT Page 3

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Notary F	Public	State	of [Texas

IN RE: