

TEXAS WORKFORCE COMMISSION
CIVIL RIGHTS DIVISION
101 EAST 15TH STREET, RM. 144-T
AUSTIN, TEXAS 78778-0001

**UNSWORN DECLARATION
(CIVIL PRACTICE AND REMEDIES CODE, CHAPTER 132)**

My name is _____ ;

my date of birth is _____ ;

and my address is _____ ;
(Street) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____ , on the _____ day of _____ , _____ .
(Month) (Year)

(Signature)