

I certify that all of the following statements are true:

- 1) The items listed in this Application are **ONLY** of the following types: medical records, medicine and medical supplies, clothing, child-care items, legal or financial documents, checks or bank or credit cards in the name of Applicant, employment records, and personal identification documents.
- 2) I will suffer personal harm and/or the personal health and safety of myself or others within my care will likely be at risk if I am unable to retrieve the items, and I have an urgent need to retrieve the items from the Residence.
- 3) I have attached a lease, sworn statement or other documentary evidence showing that I am, or was previously, authorized to occupy the Residence. I am currently unable to enter the Residence because the current occupant named above has denied me access to the Residence.
- 4) I am not the subject of an active protective order under Title 4, Family Code, a magistrate's order for emergency protection under Article 17.292, Code of Criminal Procedure, or any court order prohibiting my entry into the Residence; or otherwise prohibited by law from entering into the Residence.

Applicant Signature

Date

Phone Number

Email (if any)

Applicant's New Mailing Address

NOTE:

**You must attach a lease or any other documentary evidence that shows you are currently or was formerly authorized to occupy the residence.*

**You must also file a bond conditioned upon you paying all damages and costs adjudged against you in the event of wrongful property retrieval.*

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

CLERK OF JUSTICE COURT OR NOTARY PUBLIC

<p><u>Hearing Date and Time:</u></p> <p>_____</p>
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