



CITY OF DALLAS  
ETHICS ADVISORY COMMISSION

RESPONDENT FORM  
FOR EVIDENTIARY HEARING

For Official Use Only

Please type or print legibly in blue or black ink

**NOTE: ANY PERSON WHO KNOWINGLY MAKES A FALSE RESPONSE TO A COMPLAINT  
MAY BE SUBJECT TO CRIMINAL PROSECUTION.**

**PART A – RESPONDENT INFORMATION**

1. Your full name (identifies you as the Respondent):

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2. Check the box that applies to you and fill in the applicable information:

- Elected official \_\_\_\_\_ (office held)
- Appointed official \_\_\_\_\_ (board/commission name)  
\_\_\_\_\_ (title/position held)
- Candidate \_\_\_\_\_ (office sought)
- City Employee \_\_\_\_\_ (title/position held)  
\_\_\_\_\_ (department)

3. Your residence address (Street, City, State, and Zip Code):

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4. Your business address (Street, City, State, and Zip Code):

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5. Preferred telephone number:

Cell Home Business (circle one)

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6. Additional telephone number:

Cell Home Business (circle one)

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I CERTIFY THAT I HAVE READ THIS RESPONSE, FULLY UNDERSTAND ITS CONTENTS, AND I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TEXAS THAT THE FOREGOING STATEMENTS AND EVIDENCE ARE TRUE AND CORRECT. I UNDERSTAND THAT A COPY OF THIS RESPONSE WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION AND TO ALL PARTIES TO THE COMPLAINT, INCLUDING THE INDIVIDUAL WHO SUBMITTED THE COMPLAINT AGAINST ME. ALL PAPERS AND COMMUNICATIONS RELATING TO THIS COMPLAINT WILL BE TREATED AS CONFIDENTIAL UNLESS REQUIRED TO BE MADE PUBLIC BY THE PUBLIC INFORMATION ACT (CHAPTER 552, TEXAS GOVERNMENT CODE) OR OTHER APPLICABLE LAW.

\_\_\_\_\_  
Signature

Before me the undersigned authority, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed hereto, and being duly sworn stated that such facts are to his/her knowledge true and correct, or, to the best of his/her knowledge, are supported by credible evidence.

\_\_\_\_\_  
Notary Public

<NOTARY SEAL>

\_\_\_\_\_  
County, Texas

My Commission expires:  
\_\_\_\_\_

Should you have any questions concerning this form, please contact the City Secretary's Office, at (214) 670-3738 during regular business hours (8:15am – 5:15pm).

Upon completion of **ALL** sections of the response form, please hand deliver or send by certified mail with any attachments to:

Office of the City Secretary  
CITY HALL  
1500 Marilla Avenue – Suite 5DS  
Dallas, TX 75201