



CITY OF DALLAS
ETHICS ADVISORY COMMISSION

For Official Use Only

PETITION FOR DECLARATORY RULING

Please type or print legibly in blue or black ink.

PART A – CITY OFFICIAL OR EMPLOYEE INFORMATION

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

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):

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

5. Preferred telephone number:

Cell Home Business (circle one)

6. Additional telephone number:

Cell Home Business (circle one)

PART A – CITY OFFICIAL OR EMPLOYEE INFORMATION, continued

7. Your email address:

PART B – PERSON MAKING ALLEGATION

1. Full name of person who made a public allegation against you:

2. Residence address (Street, City, State and Zip Code) (if known):

3. Business address (Street, City, State and Zip Code) (if known):

4. Email address (if known):

PART C –DESCRIPTION OF PUBLIC ALLEGATION(S) MADE AGAINST YOU

Provide a statement detailing the specifics of the public allegation(s) made against you. Describe the events in the order in which they occurred. Keep dates and events in sequence. Include full names, addresses and phone numbers of all individuals involved, including witnesses present when allegations were made. Be factual; the information you provide in this statement must be based on facts and not on personal conjecture. Try to answer the questions “who,” “what,” “where,” and “when.” Attach extra sheets if more space is needed.

PART D – EVIDENCE THAT THE ALLEGATIONS HAVE BEEN MADE PUBLIC

Describe the evidence you have that the allegations described in Part C have been made public. Submit all information that you have; attach photocopies of any pertinent documentation.

PART E – STATEMENT AFFIRMING YOUR INNOCENCE

Affirm your innocence, identifying sources of evidence, if any, that you believe should be considered by the Ethics Advisory Commission. Submit all information that you have; attach photocopies of any pertinent papers or documentation to support this petition.

PART F – REQUEST FOR A RULING

___ I request that the Ethics Advisory Commission (EAC) review the allegations described in Part C above and make known its findings.

The Ethics Advisory Commission shall issue a declaratory ruling only in matters where all relevant facts are provided by the requesting party. The person requesting the declaratory ruling shall, in a timely manner, provide the EAC with all documentation the EAC deems necessary to render its findings. If relevant information necessary to issue a declaratory ruling is not provided by the person requesting the ruling, then the EAC may decline to issue a declaratory ruling.

PART F – WITHDRAWAL OF REQUEST FOR DECLARATORY RULING

The requesting party may submit a written request to withdraw his or her petition for a declaratory ruling at anytime prior to the EAC's consideration of the petition.

I CERTIFY THAT I HAVE READ THIS PETITION, I FULLY UNDERSTAND ITS CONTENTS, AND I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TEXAS THAT THE FOREGOING STATEMENTS AND THE EVIDENCE PROVIDED ARE TRUE AND CORRECT. I UNDERSTAND THAT A COPY OF THIS PETITION WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION. ALL PAPERS AND COMMUNICATIONS RELATING TO THIS PETITION MUST 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 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 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 completing **ALL** sections of this form, please hand deliver or send by certified mail with any attachments to:

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