

# TDCJ Offender Visitation Plan Child Victim Restriction

## AFFIDAVIT

State of Texas

County of \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
who, being duly sworn by me, deposed as follows:

“I am the legal guardian of the following children:

	Name	Date of Birth	County of Birth	Social Security Number
1.				
2.				
3.				
4.				
5.				

I understand that a legally recognized parent is a biological or adoptive parent of a child, or a court order has appointed the person as the legal guardian of a child who is under the age of 17. I confirm that \_\_\_\_\_ TDCJ Number \_\_\_\_\_ is the legally recognized parent of the above referenced child or children. I confirm that these children were not the victims of any offense for which this offender has been convicted or placed on deferred adjudication. I confirm that \_\_\_\_\_ has not had his parental rights restricted or terminated by a court of law.”

\_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

Printed Name: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_