

**Instructions:** An affidavit concerning medical expenses is sufficient if it follows this form.  
Tex. Civ. Prac. & Rem. Code §18.001; Tex. Rules of Evidence Rule 902.

NO. \_\_\_\_\_

_____	§	IN THE <b>JUSTICE COURT OF</b>
_____	§	HARRIS COUNTY, TEXAS
PLAINTIFF(S)	§	PRECINCT ___ PLACE ___
VS.	§	_____
_____	§	_____
_____	§	_____
DEFENDANT(S)	§	

**MEDICAL EXPENSES AFFIDAVIT**

STATE OF TEXAS §  
COUNTY OF \_\_\_\_\_ §

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

My name is \_\_\_\_\_. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am a custodian of records for \_\_\_\_\_.

Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_. The attached records are a part of this affidavit.

The attached records are kept by \_\_\_\_\_ in the regular course of business, and it was the regular course of business for an employee or representative of \_\_\_\_\_, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the services were provided.

The total amount paid for the services was \$\_\_\_\_\_ and the amount currently unpaid but which \_\_\_\_\_ has a right to be paid after any adjustments or credits is \$\_\_\_\_\_.

Signed on \_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED before me on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas  
Printed Name:  
My Commission Expires: