1 of 1

				1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number:		
	partan Psychological Consulting		2020-663752		
	rand Prairie, TX United States		Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is		09/02/2020		
_	ing filed.		00/01/2020		
	Collin County		Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provi lescription of the services, goods, or other property to be provided under the contract.				
	17-287				
	Psychological Evaluations, Juvenile				
4	Name of Interested Party	City State County (place of husing	Nature of interest		
	Name of Interested Party	City, State, Country (place of busine	·	(check applicable) Controlling Intermediary	
			Controlling	Intermediary	

		V-100-201-00-00-00-00-00-00-00-00-00-00-00-00-0			
5 Check only if there is NO Interested Party.					
	UNSWORN DECLARATION				
	My name is Robert S. Lackey, PLD , and my date of birth is				
	My address is				
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in TArrant County, State of Texas, on the 2nd day of System, 20 Logo				
	(Mond) (year)				
	Signature of authorized agent of contracting bysiness entity				
	(Declarant)				