

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

Certificate Number:
2022-863946

Date Filed:
03/22/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

GREGORIO PINA, III, PH.D. 05-99
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Purchasing Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

C-20-553A-05-04
22-0160-MGF PSYCHOLOGICAL EVALUATION SERVICES FOR DEFENDANTS (COMPETENCY)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



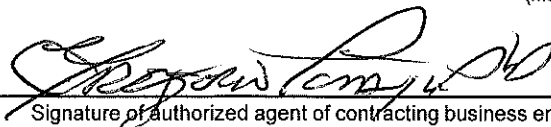
6 UNSWORN DECLARATIONS

My name is GREGORIO PINA III PH.D., and my date of birth is AUGUST 5, 1945.

My address is 1200 S. COL. ROWE, SUITE B-9, MCALLEN, TX, 78501, HIDALGO.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County County, State of Texas, on the 22 day of March, 2022.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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FORM **1295**

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 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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 CERTIFICATION OF FILING**

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 GREGORIO PINA, III, PH.D. 05-99
 Mcallen, TX United States

Certificate Number:
 2022-863946

Date Filed:
 03/22/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Purchasing Department

Date Acknowledged:
 03/24/2022

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 C-20-553A-05-04
 22-0160-MGF PSYCHOLOGICAL EVALUATION SERVICES FOR DEFENDANTS (COMPETENCY)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)