

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Tropical Texas Behavioral Health
Edinburg, TX United States

Certificate Number:
2025-1394522

Date Filed:
12/01/2025

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

Date Acknowledged:

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-20-403-12-15
Screening Assessment and Psychiatric Evaluations for inmates

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County Jail	Edinburg, TX United States	X	X

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is W. Terry Crocker, and my date of birth is [REDACTED]

My address is 1901 S 24th Ave, Edinburg, TX, 78539, USA
(city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 1st day of December, 2025
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Tropical Texas Behavioral Health
Edinburg, TX United States

Certificate Number:
2025-1394522

Date Filed:
12/01/2025

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

Date Acknowledged:
12/05/2025

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-20-403-12-15
Screening Assessment and Psychiatric Evaluations for inmates

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County Jail	Edinburg, TX United States	X	X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is _____, _____, _____, _____, _____.
(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)






Form 1295 Certificate 101462603

Final Audit Report

2025-12-01

Created:	2025-12-01
By:	Michelle Nielsen (mnielsen@ttbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAawZHila-oFI-SpWQm_Rfn5Wla-PY8n67N

"Form 1295 Certificate 101462603" History

-  Document created by Michelle Nielsen (mnielsen@ttbh.org)
2025-12-01 - 9:12:26 PM GMT - IP address: 12.132.194.220
-  Document emailed to Terry Crocker (tcrocker@ttbh.org) for signature
2025-12-01 - 9:12:30 PM GMT
-  Email viewed by Terry Crocker (tcrocker@ttbh.org)
2025-12-01 - 9:31:51 PM GMT - IP address: 104.47.65.254
-  Document e-signed by Terry Crocker (tcrocker@ttbh.org)
Signature Date: 2025-12-01 - 9:32:30 PM GMT - Time Source: server- IP address: 12.132.194.220
-  Agreement completed.
2025-12-01 - 9:32:30 PM GMT