

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.
Austin Counseling and Trauma Specialists, PLLC
Cedar Park, TX United States

Certificate Number:
2026-1408132

Date Filed:
01/13/2026

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Williamson County Sheriff's Office

Date Acknowledged:
01/15/2026

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.
2023212
Mental Health Services, crisis response, training/education

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kautzsch, Russell	Cedar Park, TX United States	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)

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.

Austin Counseling and Trauma Specialists, PLLC
Cedar Park, TX United States

Certificate Number:
2026-1408132

Date Filed:
01/13/2026

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

Williamson County Sheriff's Office

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.

2023212
Mental Health Services, crisis response, training/education

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kautzsch, Russell	Cedar Park, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Russell Kautzsch, and my date of birth is 01/12/1976.

My address is 3000 Polar Lane, Ste 501, Cedar Park, TX, 78613, USA.
(city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 14 day of January, 2026.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)