

Certification Letter for  
Victim of Family Violence Waiver for  
Electric and Telephone  
Service Deposit

This form serves to certify the person listed below is a victim of family violence as defined by Texas Family Code §71.004, and therefore has demonstrated satisfactory credit for the purposes of establishing electric and telephone service per P.U.C. Substantive Rules §25.478 (a)(3)(D) and/or §26.24 (a)(1)(B)(iv). **Telephone service must be with a Dominant Certificated Telecommunications Utility.**

**Requirement of deposit must be waived for the below named customer for electric and/or telephone service.**

**Name:** \_\_\_\_\_

**Electric Service Provider & Account Number:** \_\_\_\_\_

**Telephone Service Provider & Account Number:** \_\_\_\_\_

The following Certifying Entity has determined that the above named Applicant is a victim of family violence as defined in Texas Family Code §71.004. **(Only one certifying entity is required.)**

Family Violence Center (Agency Name): \_\_\_\_\_

Treating Medical Personnel (Name of Organization): \_\_\_\_\_

Law Enforcement Personnel (Specify Division): \_\_\_\_\_

Office of Texas District or County Attorney (Specify Division): \_\_\_\_\_

Office of the Attorney General (Specify Division): \_\_\_\_\_

Texas Equal Access to Justice Foundation Grantee\* (Name of Grantee): \_\_\_\_\_

\*To locate free Civil Legal Services providers funded by the Texas Equal Access to Justice Foundation, go to:  
[www.teajf.org](http://www.teajf.org).

**By my signature I certify that the above named Applicant has been determined to be a victim of family violence as defined in Texas Family Code §71.004 and I am qualified to make that determination.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_