

**TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY**

William Treacy, Executive Director  
(512) 305-7851  
FAX (512) 305-7875

505 E. Huntland Drive, Suite 380  
Austin, TX 78752-3757  
www.tsbpa.texas.gov

**Background Statement**

Name (include all names used) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security Number \_\_\_\_\_

On an application filed with the Texas State Board of Public Accountancy, you answered YES to one or both of the following questions. Please provide the additional information required below. If you have already reported details of an arrest or conviction to the Board, you do not have to report them a second time.

*Have you ever been **arrested or charged with a crime** by any state or local government or by the federal government? Misdemeanors should be included. You are not required to report criminal records that have been expunged or sealed by an order of the court. You are required to report criminal records subject to a non-disclosure order.*

*Have you ever been **convicted or placed on deferred adjudication** for a felony or a misdemeanor crime by any state or local government or by the federal government? You are not required to report criminal records that have been expunged or sealed by an order of the court. You are required to report criminal records subject to a non-disclosure order.*

**Complete a separate Background Statement form for each offense.**

Date of arrest (approximate if unsure of actual date): Month \_\_\_\_\_ Year \_\_\_\_\_

City/State where offense occurred \_\_\_\_\_

Offense(s) \_\_\_\_\_

Narrative of events leading to the arrest or conviction (please attach additional pages if needed):

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Action taken by the court (disposition)

- Conviction
- Dismissed
- Deferred Adjudication
- No contest or nolo contendere
- Probation
- Refiled
- Other. If "Other," please describe below the action taken by the court.

Date of court action: Month \_\_\_\_\_ Year \_\_\_\_\_

Describe court sanctions.

Provide any action you have taken that demonstrates rehabilitation.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_