



# PSEUDONYM FORM FOR SURVIVORS

All information provided below will be kept confidential

Case/Cause #:	Law Enforcement Agency:
Real Name:	Pseudonym*:
Real Address:	Real Phone #:
Alternate Contact Name:	Alternate Contact Phone #:

**Indicate which offense(s) this form is to be used for:**

Texas CCP. art. 58.102 (Sex Offense Victims)	Texas CCP. art. 58.152 (Victims of Stalking)	Texas CCP. art. 58.202 (Victims of Family Violence)	Texas CCP. art. 58.252 (Victims of Trafficking of Persons)
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\*This name will be used in all public files to take the place of your real name. Your address and phone number will also be protected.

**RELEASE OF INFORMATION EXCEPTION** (consent to the release of your real information)

To assist law enforcement with their investigation and obtain further assistance, I hereby give permission for specific limited release of my real name, address, and phone number. By checking the following, my real information may be released to these specific agencies.

Local Advocacy Program	Medical Insurance Carrier
Crime Victims' Compensation Program	Local, State or Federal Attorney's office
Local, State or Federal Law Enforcement Agency	Local, State or Federal Restitution Payment Office

\_\_\_\_\_  
Survivor Signature (please use real name)

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY**

_____ Law Enforcement Officer Signature	_____ Badge #	_____ Date
The following program is available to you: _____ Advocacy program name and phone number (to be filled in by officer)		

For more information, please contact:

The Office of the Attorney General  
Crime Victim Services Division MC 011  
PO Box 12198  
Austin, TX 78711-2198

Phone: (512) 936-1200  
Email: [crimevictims@texasattorneygeneral.gov](mailto:crimevictims@texasattorneygeneral.gov)