

PSEUDONYM FOR SEXUAL ASSAULT SURVIVORS

All information will be kept confidential

Law Enforcement Agency:	Phone Number
Case # or Cause #:	Pseudonym *
Real Name	
Real Address	
Real Phone # (day)	(evening)
Alternate Contact Name	
Alternate Contact Phone # (day)	(evening)
* This name will be used in all public files to take the place of your real name. Your correct address and phone number will also be protected. (Texas Code of Criminal Procedure, Chapter 57B).	

RELEASE OF INFORMATION

To assist law enforcement with their investigation and obtain further assistance, I 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 specified agencies.

<input type="checkbox"/> Local advocacy program	<input type="checkbox"/> Local, State or Federal Attorney's Office
<input type="checkbox"/> Local, State, or Federal Law Enforcement Agency	<input type="checkbox"/> Medical Insurance Carrier
<input type="checkbox"/> Crime Victims' Compensation Program	<input type="checkbox"/> Local, State, or Federal restitution payment office

Survivor Signature (please use real name)

Date

Law Enforcement Officer Signature

Badge number

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 12548
Austin, TX 78711-2548

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