

PSEUDONYM FOR SEXUAL ASSAULT SURVIVORS

All information will be kept confidential

Law Enforcement Agency:	Phone Number:
Case #:	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 Art. 57.01).	

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 sexual assault program	<input type="checkbox"/> District Attorney Crime Victim Coordinator
<input type="checkbox"/> Law Enforcement Crime Victim Liaison	<input type="checkbox"/> My medical insurance carrier
<input type="checkbox"/> Crime Victims' Compensation	<input type="checkbox"/> Court ordered restitution office

Survivor Signature (please use real name) _____ Date _____

Law Enforcement Officer Signature _____ Badge number _____ Date _____

The following program is available to you: _____
 Sexual assault survivor advocacy program name and phone number to be filled in by the officer.

For more information please contact:

The Office of the Attorney General
 Crime Victim Services Division
 Sexual Assault Prevention and Crisis Services MC 011-1
 PO Box 12548
 Austin, TX. 78711-2548

Phone (512) 936-1270
 Fax (512) 936-1650
 Email sapcs@oag.state.tx.us