PSEUDONYM FOR FAMILY VIOLENCE 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, Chapter 57.)	

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.

_____ Local family violence program	_____ District Attorney Crime Victim Coordinator
_____ Law Enforcement Crime Victim Liaison	_____ My medical insurance carrier
_____ Crime Victims' Compensation	_____ 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: _____

(Family Violence 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, MC 011-1
P.O. Box 12548
Austin, TX 78711-2548

Phone: (800) 983-9933
Fax: (512) 936-1650
Email: crimevictims@oag.state.tx.us