

STATE OF NEVADA
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 as confidential. (NRS 200.3771 and NRS 200.3772).	

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 advocacy program	_____ Local, State or Federal Attorney's Office
_____ Local, State, or Federal Law Enforcement Agency	_____ Medical Insurance Carrier
_____ Crime Victims' Compensation Program	_____ 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)

A victim who chooses to use a pseudonym shall file a form to choose a pseudonym with the law enforcement agency investigating the sexual offense, offense involving a pupil or sex trafficking. NRS 200.3772(2).

For more information please contact:

The Office of the Attorney General
 Nicole O'Banion, Ombudsman for Domestic Violence
 Sexual Assault & Human Trafficking
 100 N. Carson Street
 Carson City, NV 89701

Phone: (775) 684-1201
 Email: NObanion@ag.nv.gov