

Attachment Two (2)

Committee on Domestic Violence Agenda
February 28, 2019

Contents: Confidential Address Program

NEVADA'S CONFIDENTIAL ADDRESS PROGRAM



LAW ENFORCEMENT ADDRESS REQUEST

Pursuant to Nevada Revised Statutes 217.464 2(a): The address is requested by a law enforcement agency, in which case the Division of Child and Family Services (the Division) shall make the address available to the law enforcement agency; or the Division is directed to do so by lawful order of a court of competent jurisdiction, in which case the Division shall make the address available to the person identified in the order.

The undersigned respectfully requests the actual physical address of Confidential Address Program's (CAP) Participant:

(Participant's First and Last Name)

CAP Authorization Number _____

Name of Law Enforcement Officer

Name of Law Enforcement Officer's Superior

Title

Title

Badge/Call Number

Badge/Call Number

Name of Law Enforcement Agency

Name of Law Enforcement Agency

County and Address

County and Address

Date: _____

Date: _____

CAP Section

The requested information was provided to _____

How was the information provided? _____ Date information provided: _____

Date: _____ Signed _____



WHEN YOUR ABUSER IS AN OFFICER OF THE LAW

For an additional level of security, please provide the following information as the Nevada Confidential Address Program may disclose a participant's actual physical address to law enforcement, per Nevada Revised Statutes 217.464 2(a)(b).

1. What is the abuser's name and badge/call number?

2. What is the abuser's position or title?

3. What is the name of the agency the abuser is employed by?

4. Please list the names of family members and friends of the abuser who are law enforcement officers. (Please use a separate sheet if necessary).

5. Which county and state is the last known address of the abuser?

6. Is the abuser actively stalking you? Yes _____ No _____