

Attachment Two (2)

Committee on Domestic Violence Agenda
August 22, 2018

Contents: Pseudonym Form

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
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 Carson City, NV 89701

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