

## Purpose of the Pseudonym Form

These forms are for the use of individuals who have been victims of Sexual Assault (Tex. Code Crim. Proc. Chapter 57, Art. 57.01), Family Violence (Tex. Code Crim. Proc. Chapter 57B, Art. 57B.01), or Human Trafficking ( Tex. Code Crim. Proc. Chapter 57D, Art. 57D). The form requests law enforcement to remove the victim's name from public files and records concerning the offense, including policy summary reports, press releases, and records of judicial proceedings. A pseudonym, or fictitious name, will be used instead of the victim's name to designate the victim in all public files and records concerning the offense. **The victim must understand the pseudonym is only used in records concerning the offense,** and not for other public files and records that are not related to the offense.

## Roles and Responsibilities of the Victim

It is the victim's responsibility to complete the form and submit it to the law enforcement agency investigating the offense for which they are a victim.

### The victim should:

Complete all information requested on the pseudonym form (Leave the section that says "To Be Completed by Law Enforcement Officer" blank).

Under the "Release of Information" select what organizations they wish to have their real name and information provided to.

Return the completed form to the law enforcement agency investigating the offense.

## Roles and Responsibilities of Law Enforcement

It is Law Enforcement's responsibility to notify victims they have the right to use pseudonyms and ensure the request is completed.

### Law Enforcement should:

Explain the purpose of the pseudonym form.

Inform the victim that the pseudonym will replace the victim's name only in public files and records concerning the offense.

Assist the victim in filling out the form.

**According to Tex. Code Crim. Proc. Chapter 57, Art. 57.02(e) , Chapter 57B, Art. 57B.02(e), and Chapter 57D, Art. 57D.02(e), upon receipt of the form the law enforcement agency shall:**

Remove the victim's name and replace it with the pseudonym in all reports, files, and records in the agency's possession.

Notify the attorney for the state of the pseudonym and that the victim has elected to be designated by the pseudonym

Maintain the form in a manner that protects the confidentiality of the information contained in the form.

## PSEUDONYM FOR FAMILY VIOLENCE SURVIVORS

All information will be kept confidential

Law Enforcement Agency:	Phone Number:
Case #:	<b>Pseudonym*</b> :
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.

<input type="checkbox"/> Local family violence 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: \_\_\_\_\_  
(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](mailto:crimevictims@oag.state.tx.us)