



## **Domestic Violence Form Affidavit and Request for Nondisclosure of Identifying Information**

Complete this affidavit **only** if you do not want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) **who would otherwise be entitled to have the information.**

I, \_\_\_\_\_, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

Name of person I do not want information released to: \_\_\_\_\_

Person's relationship to me or the child: \_\_\_\_\_  
TCSU case number: \_\_\_\_\_

**Please check all that apply:**

- 1. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child.
- 2. A domestic restraining or violence protective order has been issued against the person.
- 3. The person has been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved.

If you checked any of the above please explain what happened, when, where and who was involved:

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**If you need additional space for you answers, please use the back of this page.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name: \_\_\_\_\_