



Domestic Violence Survivor Line Separation Request

By checking the box below, I certify the following is true:

yes no

- I am a survivor of domestic violence.
- I understand this request is being made under section 345 of the Communications Act and FCC rules.

As a result, I want to move my line(s)/phone number(s) from my current PureTalk account.

If your request is approved, PureTalk will release you from your current account without fee or penalty, no later than 2 business days after receiving the request and supporting documentation. Please note that upon release the Primary Account Holder will receive automatic notification of a change to the account.

1. Name of the survivor: _____
2. Name of the abuser (as known to the survivor): _____
3. Phone number of survivor to be released: _____
4. Additional phone number(s) of dependents under your care to be released from the account:

Phone number: _____ Dependent Name: _____
Relationship to Dependent: _____

Phone number: _____ Dependent Name: _____
Relationship to Dependent: _____

Phone number: _____ Dependent Name: _____
Relationship to Dependent: _____
5. If the survivor has designated a representative to assist them with the line separation request, please list below.
Representative Name: _____
Relationship to Survivor: _____

6. Please provide the best way to contact you after the request has been submitted.

Phone number: _____

Email: _____

7. Please list your preferred language to communicate with the survivor.

English or Spanish: _____

Please provide additional supporting material which may include ANY of the following -

- Signed affidavit from (1) licensed medical or mental healthcare provider; (2) victim services provider; or (3) employee of court acting within the scope of employment
- Court Order
- Police report or Police statements provided to Magistrate/Judges
- Charging documents
- Protective or restraining orders
- Any other official record that documents the domestic violence

I certify under penalty of perjury that I have personal knowledge of the facts stated in this Attestation and I have the authority to make this Attestation on behalf of myself. I further certify, to the best of my knowledge, all of the statements and representations made in this Attestation are true and correct. I understand that any false statements or misrepresentations could subject me, personally to penalty.

Signature

Date

Print Name

Please email this form and any supporting documents needed to: [**dv.process@telrite.com**](mailto:dv.process@telrite.com)

Please note that while we strive to provide support during this difficult time, our guidance is not a substitute for professional advice. For more information on Domestic Violence support, please call the National Domestic Violence Hotline at 1-800-799-7233.