

911 EXIGENT CIRCUMSTANCES FORM

Fax to: TracFone Wireless/NET10/Safelink Wireless/Straight Talk Facsimile No. (800)-821-0216

1. Requestor Information

Law Enforcement Agency: _____
Address: _____
City and State: _____
Requested by (Printed Name): _____
Contact Tel # _____ Fax # _____

2. Subscriber Information:

Emergency Request for Wireless # : (_____) - _____ - _____
Name of Wireless Subscriber: _____
Information requested: _____

3. For 911 Exigent Circumstances (subscriber info) complete the following:

This office received a 911-distress call for assistance for the above-listed U.S. wireless telephone number on _____, 200____ at _____ A.M./P.M. Based upon that call, I believe that one or more people face immediate danger of death or serious physical injury. I request that you promptly provide me with the current subscriber name and address for the above-referenced wireless number so that we may render assistance to this individual(s).

4. ATTESTION and INDEMNIFICATION.

I hereby attest that the information provided above is, to the best of my knowledge, truthful and accurate and that: an emergency situation exists that involves (i) immediate danger of death or serious physical injury to a person, (ii) conspiratorial activities threatening the national security interests, or (iii) conspiratorial activities characteristic of organized crime, that requires a wire, oral, or electronic communication to be intercepted before an order authorizing such interception can, with due diligence, be obtained, and there are grounds upon which an order could be entered to authorize such interception. In consideration for TracFone Wireless Inc. release of the requested information, the requesting party agrees to indemnify, defend and hold harmless TracFone Wireless, Inc. and each of its directors, officers, employees, from and against any and all claims, losses, damages, liabilities, and expenses (including without limitation reasonable attorneys fees), arising out of, or in connection with, TracFone Wireless, Inc.'s release of the requested information to the requesting party. By its acceptance of such information, the requesting party agrees to use such information only for official law enforcement purposes and for no other purposes and agrees to keep such information confidential.

Signature of Requesting Party

Printed Name of Requesting Party

Date of Request: _____

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY
PLEASE CALL (800) 820-8632 AFTER FAXING THIS FORM TO CONFIRM RECEIPT**