



# Request Form for Line Separation under the Safe Connections Act

Please submit this form along with the required documentation (as required by the Act and the rules thereunder) using one of the following methods:

Email: [cpfs-sca@reachmobile.com](mailto:cpfs-sca@reachmobile.com)

Mail: 6 Omni Way, Suite 202, Chelmsford, MA 01824

For assistance or questions, please contact our customer support team at (234) 261-6664.

**Privacy Notice:** All information provided by you will be kept confidential and used solely for processing your request under the Safe Connections Act and the rules thereunder.

## Line Separation Request Form

By submitting this form, you hereby affirm that:

- You are at least 18 years old.
- A 'covered act under the Safe Connections Act i.e., domestic violence, dating violence, sexual assault, sex trafficking and other similar acts has been or allegedly committed against you or against someone who is under your care by the Abuser (i.e., an individual who has committed or allegedly committed a covered act against you or the person who is under your care).
- You are requesting relief from the covered provider under section 345 of the Communications Act and the related FCC rules.

You acknowledge and agree that:



- You (and/or your designated representative) will be contacted to confirm the request.
- You will specify your preferred contact method in the form below (including at least one remote option). This is in case we need to contact you regarding your request.
- We may need to contact the abuser, in connection with the line separation request. However, we will provide you an advance notice using the preferred contact method shared by you before contacting the abuser.
- If we cannot complete the line separation request (due to any operational or technical limitations), we shall inform you promptly (along with the reason why it could not be separated) using your preferred contact method provided in this form.
- You can choose from all commercially available service plans/options for which you are eligible, including any prepaid plans. Our customer services representative may contact you via your preferred contact method to discuss this.
- You may be eligible for lifeline support. Cell Phones for Soldiers powered by Reach Mobile is not part of Lifeline Program. Other service providers may support it. Please [click here](#) to learn more about the [Lifeline Program](#)
- If the request is made by a designated representative, then we reserve the right to confirm the identity of the designated representative.
- There are no charges, fees or any penalties for separating the line from the mobile services contract with the abuser. However, you will assume financial responsibility for the monthly service costs for the transferred telephone number(s) from the date of the transfer; you may also be charged for the initial month for all the lines on the mobile service contract including that of the abuser, unless ordered otherwise by a court.
- Any previously accrued arrears on an account (or a mobile services contract), following a line separation will stay with the person who was the primary account holder prior to the line separation.
- You are not required to assume financial responsibility for any mobile device(s) associated with the separated lines, unless you purchased the device(s), elect to maintain possession of the device(s), or unless ordered by a court.



## Personal Information

First and middle name (of the survivor):

Last name (of the survivor):

First and middle name of the abuser:

Last name of the abuser:

Mobile Number of the survivor:

Email Address of the survivor:

Mailing Address of the survivor:

Preferred contact method for the survivor:

Phone number mentioned above

Email id mentioned above

Mailing Address mentioned above (in addition to the mailing address mentioned above, at least one remote means of communications should be selected)

Other (please specify):

Type of request:

Line Separation



## Details of the lines to be separated

### Line 1:

Mobile Number:

User's First and Last Name:

Is this line used by you? Yes/no

Is this the abuser's line? Yes/no

Is this the line of someone in your care? Yes/No

### Line 2:

Mobile Number:

User's First and Last Name:

Is this line used by you? Yes/no

Is this the abuser's line? Yes/no

Is this the line of someone in your care? Yes/No

### Line 3:

Mobile Number:

User's First and Last Name:

Is this line used by you? Yes/no

Is this the abuser's line? Yes/no

Is this the line of someone in your care? Yes/No

### Line 4:

Mobile Number:

User's First and Last Name:

Is this line used by you? Yes/no

Is this the abuser's line? Yes/no

Is this the line of someone in your care? Yes/No



Line 5:

Mobile Number:

User's First and Last Name:

Is this line used by you? Yes/no

Is this the abuser's line? Yes/no

Is this the line of someone in your care? Yes/No

Details of additional lines if any:

Please note that there is no limit on the number of lines you can request for separation.

Indicate if you will elect to maintain possession of the mobile devices and take financial responsibility for any mobile device(s) linked to the separated lines. This is only required if you purchased the device(s) (via any finance options) and choose to keep the device(s).

## Documentation

Please attach documentation verifying that the person you are sharing a mobile services contract with has committed or allegedly committed an act of domestic violence, trafficking, or a related criminal act against you. Acceptable documentation includes:

1. A copy of a signed affidavit from a licensed medical or mental health care provider, licensed military medical or mental health care provider, licensed social worker, victim services provider, licensed military victim services provider, or an employee of a court, acting within the scope of that person's employment; or
2. Court orders



3. A copy of a police report, statements provided by police, including military or Tribal police, to magistrates or judges, charging documents, protective or restraining orders, military protective orders, or any other official record that documents the covered act.

If you are seeking separation of the line(s) for any individual under your care, include an affidavit stating that the individual is in your care and uses the specific line.

Have you attached the required documentation?

Yes

No

List out the details of the documentation you have attached.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please specify the service plan required (please choose from any of the existing plans from our website).

*[Our customer care representative may contact you regarding the service plan selection.]*



## Statement of Need

Please provide a brief statement explaining your situation and why you are requesting this support.

### Details of the Designated Representative (if applicable)

If you are designated representative making request on behalf of the survivor indicate your name, phone number and email address below.

First name of designated representative:

Last name of designated representative:

Email address of the designated representative:

Mailing address of the designated representative:

Mobile Number of the designated representative:



# Acknowledgment

By signing below, I certify that the information provided is true and accurate to the best of my knowledge and that the documentation provided is legitimate.

Signature: \_\_\_\_\_

Name:

Place:

Date: \_\_\_\_\_