

# UScellular's Safe Connections Request Form

## I. Instructions for Initiating a Line Separation Request with UScellular

To begin the process of separating line(s) from an account shared with an abuser, complete this form to the best of your ability and email it to [SCA@uscellular.com](mailto:SCA@uscellular.com)

Please keep the following in mind:

- The provided information will be used only for processing this request.
  - A UScellular associate may contact either the Survivor or their Designated Representative (if applicable) using the preferred contact method specified in this form. Please let us know if there are any special conditions or limitations around contacting either person.
  - Survivors may be eligible for financial assistance through the Lifeline program.
  - For efficient and effective assistance, please provide documentation that verifies the Survivor's status when submitting this form. Acceptable documents include signed affidavits from licensed professionals (such as social workers or court employees), police reports, protective orders, or other official records. This documentation does not need to be recent but should identify the abuser and Survivor.
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## II. Survivor's Information

Please provide the following information about the Survivor.

First Name

Last Name

### Contact information

Preferred contact method    email     phone     text

Email Address

Phone Number

Preferred language    English     Español

Are there any parameters or special conditions around contacting the Survivor?

### III. Designated Representative's Information

Complete this section only if a person authorized by the Survivor is assisting by submitting this request on their behalf.

First Name

Last Name

#### Contact information

Preferred contact method    email     phone     text

Email Address

Phone Number

Preferred language    English     Español

Are there any parameters or special conditions around contacting the Designated Representative?

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### IV. Abuser's Information

Please provide the name of the abuser as known to the Survivor.

First Name

Last Name

## V. Request Details

Please provide the following details to help us efficiently and effectively process your request. A Survivor may choose to:

- Separate their own lines and any lines of individuals in their care; or
- Separate the abuser's line(s)

If the Survivor wishes to separate the abuser's line(s) without starting a new UScellular account in their name, skip the next section (V.1: Identify the Survivor's Line(s) to be Separated) and proceed to section V.2: Identify the Abuser's Line(s) to be Separated.

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### V.1 Identify the Survivor's Line(s) to be Separated

If the Survivor wishes to take lines from an account shared with their abuser and start a new UScellular account in their name, please provide the following information.

Phone Number(s) Used By The Survivor

Phone Number(s) Used By Individual(s) Under The Survivor's Care

Note: The Survivor making this request must submit a signed and dated affidavit to separate lines for individuals in their care. UScellular has provided a template, which can be found on the last page of this form.

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### Identify the Survivor's Line(s) to be Separated – Optional Information

Please note that this information is not required at this time and can be communicated later to the UScellular associate who will process this request.

Service Plan Selection

Note: You may review our service plans at [uscellular.com/plans](https://uscellular.com/plans)

Does the Survivor intend to keep the applicable device(s)? Yes  No

Does the Survivor intend to apply for Lifeline support? Yes  No

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### V.2 Identify the Abuser's Line(s) to be Separated

If the Survivor wants to separate the abuser's line(s) from a shared account, please provide the phone number(s) used by the abuser that need to be separated. UScellular will contact the abuser to make this change, but only after notifying the Survivor or their Designated Representative regarding the timing of that contact.

Phone Number(s) Used By The Abuser

## VI. Conclusion

By initialing here, you are affirming that the Survivor is requesting relief from UScellular under Section 345 of the Communications Act and the FCC's rules.

Initial

By initialing here, you confirm that the information you have provided with this form is true and correct to the best of your knowledge and belief.

Initial

Your Full Name

Date

Your Signature

# AFFIDAVIT

**For Use When Submitting a Request to Separate Lines of Individuals Under the Care of a Survivor**

1. My name is  and I am a Survivor as defined by the Safe Connections Act of 2022 (SCA).

2. The facts in this affidavit are true to the best of my knowledge, information, and belief.

3. As permitted by the SCA, I have submitted a line separation request to UScellular. Through this request, I am seeking separation of the following phone number(s). I attest that, all of the phone numbers listed below are used by individuals in my care.

Date

Signature