



EMERGENCY DISCLOSURE REQUEST

This form is to assist Network Merchants, LLC (“NMI”) in determining whether to exercise its legal discretion to disclose information to you pursuant to 18 U.S.C § 2702(b)(8) and § 2702(c)(4).

INSTRUCTIONS

- a) You must complete this form in order for NMI to process your request.
- b) Send the completed form by email to legalnotices@nmi.com. Please submit requests only from official, government-issued email addresses.
- c) Please include “Emergency Request” in the subject line of the email.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

1. Are you part of a governmental entity, as defined in 18 U.S.C. § 2711(d)?
Yes ____ No ____
2. Is this an emergency involving danger of death or serious physical injury to a person that requires disclosure, without delay, of information relating to the emergency?
Yes ____ No ____
3. Does the emergency arise out of a matter related in any way to reproductive health, abortion, abortion services, pregnancy termination, premature delivery, infant welfare, miscarriage or reproductive health counseling?
Yes ____ No ____
4. What is the nature of the emergency involving death or serious injury?
5. Whose death or serious physical injury is threatened?



6. What is the imminent nature of the threat? (i.e., do you have information that suggests that there is a specific deadline before the act indicated in response to Question 4 will occur (i.e., tonight, tomorrow at noon)?)

7. Please explain why the normal disclosure process (including any statutory emergency procedures) would be insufficient or untimely due to the deadline set forth in Question 6.

8. Please provide information that might assist NMI with identifying the relevant entity and/or individual whose data you are seeking. The name of an individual is generally insufficient. Helpful information may include email addresses, physical addresses, Gateway IDs, transaction IDs, and any other data you believe may be of assistance.

9. Please explain, in as much detail as possible, how the data you seek from NMI will assist in averting the threat you have identified above.

I certify that NMI and/or its agents may rely in good faith on this certification for purposes of statutory immunity pursuant to 18 USC § 2707.

I declare under penalty of perjury that the foregoing is true and correct.

***Law Enforcement Officer Name:**

***Law Enforcement Officer Title:**

***Law Enforcement Agency:**

***Law Enforcement Officer Phone Number:**

***Law Enforcement Officer Email Address:**