



LEGAL REQUEST FOR DISCLOSURE OF DEVOLUTIONS CUSTOMER OR USER INFORMATION

Please complete the following form in detail to assist Devolutions in evaluating whether to disclose the requested customer or user information. For more information on how Devolutions processes these requests, please consult our *Guidelines for Legal Requests for Information*, available [here](#).

Please note:

- (i) An incomplete form or the lack of supporting documents may delay or prevent the processing of your request.

- (ii) We cannot guarantee any specific response time (even in the case of an emergency request), although we will use commercially reasonable efforts to respond to your request as quickly as possible.

*Required fields

Official email*	
Phone number*	
Name and Badge/ID*	
Nature of your request*	
Name or title of the authority issuing the request*	
Jurisdiction of the requesting body*	
Subject of the request* (for example, you can provide an individual's name, email, business name and website address)*	
Specific description of the requested information*	
Date by which the request must be responded	
Must the request be kept secret?*(failure to answer this question will be deemed as a "No")	<input type="checkbox"/> Yes (then please do one of the following: (1) upload a copy of a court or administrative order prohibiting disclosure; or (2) in the text box below, identify the statute, law, or regulation that prohibits disclosure) <input type="checkbox"/> No
Is this an emergency request?*(failure to answer this question will be deemed as a "No")	<input type="checkbox"/> Yes (then please answer the additional questions below) <input type="checkbox"/> No



What is the nature of the emergency involving death or serious physical injury?	
Whose death or serious physical injury is threatened?	
What is the imminent nature of the threat? Please provide information that suggests there is a specific deadline before which it is necessary to receive the requested information and/or that suggests there is a specific deadline on which the act stated above will occur (e.g., tonight, tomorrow at noon).	
Please explain how the information you are requesting will assist in averting the specified emergency.	
Attestation (for emergency requests only)	The undersigned affirms that this request is made solely as a result of an emergency involving danger of death or serious physical injury to a person; that this emergency requires disclosure without delay of the information sought above; and that the information sought relates to the emergency. The undersigned affirms that the information shall not be obtained, shared, or disseminated for any unlawful or harmful purpose.
Signature of Requesting Officer*	
Date*	