



VOICES ACT QUESTIONNAIRE

This questionnaire is not required by the VOICES Act however it assists in locating cases and relevant supporting information to a U or T-Visa law enforcement certification form.

DATE: _____

REQUESTER'S NAME: _____

REQUESTER'S TELEPHONE: _____

REQUESTER'S EMAIL: _____

VICTIM'S NAME (IF DIFFERENT THAN REQUESTOR): _____

DATE(S) AND TIME(S) OF INCIDENTS OR APPROXIMATE DATE(S) IF UNKNOWN:

LOCATION OR ADDRESS OF INCIDENT: _____

CASE REPORT NUMBER (IF KNOWN): _____

OTHER INVOLVED PERSONS (NAMES IF KNOWN): _____

ADDITIONAL INFORMATION RELEVANT TO THE REQUEST:

RETURN COMPLETED QUESTIONNAIRES WITH U OR T Visa Law Enforcement Certifications to:

Meg Krase
Carpentersville Police Department
Attn: VOICES Act
1200 LW Besinger Drive
Carpentersville, Illinois 6110

Applications can also be emailed to Meg Krase at mkrase@cville.org

Questions? Call 847-551-3481 or email mkrase@cville.org