



**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:

McKenna Haas  
Carpentersville Police Department  
Attn: VOICES Act  
1200 LW Besinger Drive  
Carpentersville, Illinois 6110

Questions? Call 847-551-3481 or email [mhaas@cville.org](mailto:mhaas@cville.org)