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 Applications to:

Lieutenant Kent Munsterman
College of DuPage Police Department
Attn: VOICES Act
425 Fawell Blvd
Glen Ellyn, Illinois 60137

Applications can also be emailed to Lieutenant Kent Munsterman at munsterm@cod.edu

Questions? Call 630-942-3975 or email munsterm@cod.edu