



DEPARTMENT OF JUSTICE
CRIME VICTIM AND SURVIVOR SERVICES DIVISION

REQUEST FOR LAW ENFORCEMENT VERIFICATION OF INCIDENT
(INFORMATION REQUESTED WILL BE USED FOR OFFICIAL USE
ONLY)

Claim Number: _____

PART I: LAW ENFORCEMENT IDENTIFICATION INFORMATION

- A. Law enforcement office investigating the crime: _____
- B. Law enforcement report number: _____
- C. Date and time the crime occurred: _____
- D. Date and time the crime was reported: _____
- E. Victim name, date of birth: _____

PART II: CRIME VERIFICATION INFORMATION

- A. Reported crime (i.e., homicide, assault, etc.): _____
- B. What injuries were sustained by the victim: _____
- C. Apparent cause of injury or death, if known: _____
- D. To the best of your knowledge, at this time, was the victim the primary aggressor or involved in a criminal act in connection with this incident?

☐ No

☐ Yes

If yes, please explain:

E. Please provide a brief summary of the incident or a copy of the investigative summary:

F. Has the subject or suspect been identified?

☐ No ☐ Yes

If yes, please list subject or suspect's name(s): _____

Have any arrests been made?

☐ No ☐ Yes

G. Have any charges been filed in the case against the victim?

☐ No ☐ Yes

If yes, please list the charges:

PART III: AUTHORIZATION INFORMATION (This section must be completed by certified law enforcement officer)

Signature of the person who completed this form: _____

Print name: _____

Title & Badge Number: _____

Date: _____