

U-Visa Request to Grand Prairie Police Department

Name of Victim: _____ Date of Birth: ___/___/___

Offense Report Number: _____ Cause Number (if known) _____

Who can we contact regarding application status?

What is your relationship to Victim: self parent/guardian other _____

Phone Number: (____) ____-____ Alternate Phone Number: (____) ____-____

Address: _____

City: _____ State: _____ Zip: _____

Did you receive medical treatment as a result of this offense? Yes or No

If yes, please provide the name of the medical provider _____

Did you receive counseling services as a result of this crime? Yes or No

If yes, please provide the name of the counseling agency _____

Is this a (circle one) New Application or Recertification ?

For Office Use only:

Date Submitted to Victim Services Supervisor: _____

Offense Type	Cooperative	Physical	Emotional	Case Status	Comments	Recommendation

Date Staffed: _____ Vote: _____

Date Signed: _____ Victim Notified: _____