State of Nevada
Victims of Crime Program

Police Report Verification

Submit this form if Police Report cannot be released for any reason.

Victim Name:	Victim DOB:	VOCP Claim #

Event #	Crime Date:
Crime Location (exact address or cross streets)	

Crime Information: (Completed by Law Enforcement Officials Only)

Date of Crime:	Date Crime Reported:

Type of Report or Crime Description:

Were Charges Filed or an Arrest Made:

- ☐ Yes
- ☐ No If *No,* please explain:

Did Victim *Cooperate* with Police?

- ☐ Yes
- ☐ No If *No,* please explain:

Was the Victim *Innocent* of wrongdoing?

- ☐ Yes
- ☐ No If *No,* please explain:

Was the Victim physically *Injured*?

- ☐ Yes If *Yes*, please describe injuries:
- ☐ No

Is there any additional information about the *Crime or Victim* the VOCP should consider?

- ☐ Yes If *Yes,* please explain:
- ☐ No

I am a Law Enforcement Official familiar with the facts of the crime referred to above.

The information provided herein is true and accurate to the best of my information and belief.

Authorized Signature:	Print Signers Name:	Rank or Title:
Date:	Tele:	Email:

Mail to: VOCP P O Box 94525 Las Vegas, NV 89193-4525	*Fax to:* *(888) 941-7890*	*Scan and email to:* *applications@voc-net.com*