

Fresno County District Attorney U Visa & T Visa Certification Request and Application Form

When submitting a request for U Visa or T Visa certification/declaration to the District Attorney's Office, you and/or your representative should provide as much information as possible about the criminal activity.

Please complete all sections of the form below. Incomplete forms will be rejected.

APPLICANT/VICTIM INFORMATION													
Applicant is a:				Is Applicant under the age of 21?			Is Applicant under the age of 16?						
Direct Victim	Direct Victim Indirect Victim			No		Yes No							
Applicant's Name:			Applicant'	s DOB:	<u> </u>	Applicant's Gender:							
						Male Female							
Applicant's Address:					Applio	Applicant's Phone #:							
Direct Victim's Name (If Applicant is an Indirect Victim):			Direct Vict	im's DOB:	Relati	Relationship to Direct Victim(s):							
PERPETRATOR INFORMATION													
Perpetrator's Name:			Perpetrator's DOB: Relatio			ationship (if any) to Victim(s):							
CRIMINAL ACTIVITY													
Date of Crime:	Description of Criminal Activity:												
Description of Victim's injuries:													
Date Crime Reported to Law Enforcement: Investigating Agency:			:		Investigating	estigating Agency Case No.:							
Crime referred for prosecution? Court/D.A. Case No.:													
	PRIOR FORM I-918B/I-914B REQUESTS												
Has a prior request for	or Form I-918B/I-914B c	n been made to this agency?				Yes		No					
Has a prior request for	on been made to any other certifying agency?				Yes		No						
Agency the Prior Request was Submitted to: Date of Prior requ			est: New Information Since Prior Submittal? Yes No If yes, please explain below and attach documentation.										
LAW ENFORCEMENT REPORTS													
Please include with y													
Law enforcement reports documenting the crime described above													
Any other/new documentation of the crime													
ADDITIONAL INFORMATION													
If you would like to include additional information, please add it here:													

By signing below, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name of Applicant

Applic	cant's	Signa	iture
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