



**Department of the Air Force  
Office of Special Investigations  
HVFRA Request Form**

**HOMICIDE VICTIMS' FAMILIES' RIGHTS ACT  
CASE FILE REVIEW REQUEST FORM**

**Date:** \_\_\_\_\_

**Full Name of Submitter:** \_\_\_\_\_

**Relationship to Deceased:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Method of Contact (Telephone or Email):** \_\_\_\_\_

**DECEASED INFORMATION**

**Full Name of Deceased:** \_\_\_\_\_

**Date of Birth of Deceased:** \_\_\_\_\_

**Social Security Number of Deceased:** \_\_\_\_\_

**Branch of Service/Rank/Command:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Location of Death:** \_\_\_\_\_

**Additional Information (If Known, OSI Case Number, Local Law Enforcement Case Number, etc...):** \_\_\_\_\_

This request process only applies for cases investigated by the Department of the Air Force (DAF), Office of Special Investigations (OSI). OSI's jurisdiction is limited to cases involving the DAF, and at times the larger Department of Defense. Other agencies may have a different process for requesting case reviews.

**Note:** If you are unable to submit the form using the button above, or have not received a response within 7 days, please save the form as a PDF document and email it to [afosi.xrg.hvfrarequest@us.af.mil](mailto:afosi.xrg.hvfrarequest@us.af.mil).