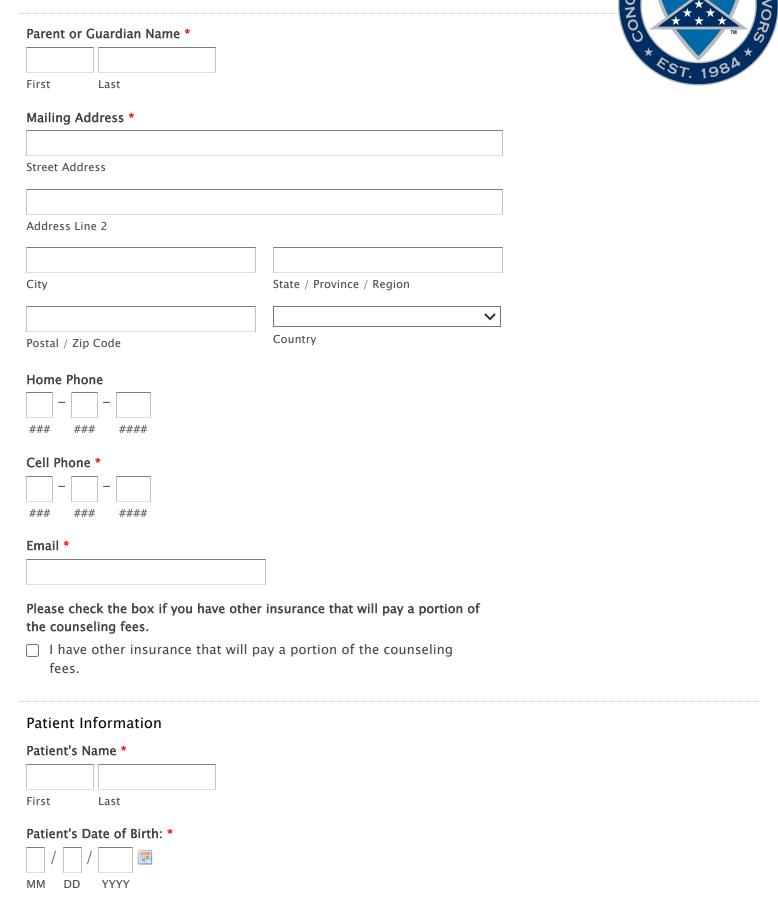
C.O.P.S. Kids Counseling Application



Please Attach a Birth Certificate or Other Proof of Age *

Choose File No file chosen		
Name of Patient's Counselor/Doctor *		
First Last		
Counselor/Doctor's Mailing Address *		
Street Address		
Address Line 2		
City	State / Province / Region	
	~	
Postal / Zip Code	Country	
Email *		
Phone Number *		
### ####		
Fallen Officer's Information		
Deceased Officer's Name *		
Title First Last Suffix		
Date of Death *		
MM DD YYYY		
Department: *		
Danautusant Adduses		
Department Address		
Street Address		
Address Line 2		
	The state of the s	

City	State / Province / Region
	~
Postal / Zip Code	Country
Was this a Line of Duty Death? *	
Yes	

I understand that the "C.O.P.S. Kids" program is designed to assist with the counseling fees for children of officers whose deaths are considered "In the Line-of-Duty" as determined by the FBI and the Public Safety Officers' Benefits Act and that C.O.P.S. may have to contact the above police department to verify this fact.

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