

San Bruno Police Department
1177 Huntington Avenue
San Bruno, CA 94066

Request for Police Report

To Jeff Fyfe Detective Sergeant,

Dear Detective Sergeant Fyfe,

Our office represents **Geiliane Rebeca Messias** in connection with her **U Nonimmigrant Status (U-Visa)** application. Thank you for your email regarding this matter. Per your instructions, we are submitting the required **report request** packet for **SBPD Report No. 2502187**, and we are also enclosing the **Form I-918, Supplement B (U Nonimmigrant Status Certification)** for your review and completion.

Enclosed please find the completed **SBPD "Request for Report Release"** form, along with the client's signed authorization allowing our office to submit this request and complete related paperwork on her behalf.

For your convenience, we have enclosed a **prepaid, self-addressed return envelope** so that your office may return the requested police report and the **completed/signed Form I-918, Supplement B** directly to our office. We have also enclosed a **check in the amount of \$33.00** to cover the report request fee referenced in your correspondence. If any additional requirements apply (including a different fee amount, payee information, or needed identification details), please advise and we will promptly comply.

Thank you for your time and assistance.

Enclosures:

1. SBPD "Request for Report Release" form – **Report No. 2502187**
2. Client signed authorization/consent (permission to request records and complete forms on her behalf)
3. Form I-918, Supplement B (U-Visa Certification)
4. Copy of email correspondence (Feb. 4, 2026)
5. **\$33.00** in cash (report request fee)
6. Prepaid, self-addressed return envelope (for return of police report and signed Supplement B)

Sincerely,



02/27/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336



CITY OF SAN BRUNO
POLICE DEPARTMENT

REQUEST FOR REPORT RELEASE

Filling out this form is optional and is designed to assist SBPD personnel in locating the records you are requesting

REPORT NUMBER: _____ DATE OF REQUEST: _____
TYPE OF REPORT: _____ DATE OF INCIDENT: _____
LOCATION OF INCIDENT: _____
PARTY/PARTIES INVOLVED (optional): _____

Mailing address:

REQUESTOR'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____

PLEASE DO NOT WRITE BELOW THIS LINE

HOW RELEASED: Mailed Date: _____ Initials: _____
 Read Only In Person Date: _____ Initials: _____
Files checked for report: _____ by _____ by _____
RECEIPT#: _____ METHOD OF PAYMENT: Cash Check#: _____
Notes: _____

Revised 12/17/24

1177 Huntington Ave., San Bruno, California 94066-1500
Voice: (650) 616-7100 • Fax: (650) 871-6734

AUTHORIZATION TO REQUEST AND RECEIVE POLICE REPORT / RECORDS

City of San Bruno Police Department – Records Division
1177 Huntington Ave., San Bruno, CA 94066-1500

Date: 02/24/2026

I, **Geiliane Rebeca Messias**, hereby authorize **Otavio Haverroth Silva**, CA Bar No. **343486**, and **HS LAW CORP** (collectively, “Authorized Representative”), to **act on my behalf** to request, obtain, and receive copies of any and all police reports and related records maintained by the **City of San Bruno Police Department** that pertain to me, including any related incident/case report(s) (“Case Report”).

This authorization includes permission for my Authorized Representative to:

1. **Complete and submit** the San Bruno Police Department “Request for Report Release” form and any other required request documentation on my behalf;
2. **Communicate** with SBPD personnel regarding the status of the request;
3. **Receive and pick up** the requested records (by mail, in person, or other method permitted by SBPD); and
4. **Pay applicable fees** associated with copying and release of the records.

My identifying information is as follows (to assist in locating the record):

- **Date of Birth:** September 17, 1998
- **Address:** 864 Commercial Ave, South San Francisco, CA
- **Case report number:** 2502187

I understand this authorization is provided voluntarily. This authorization remains valid until the records request is completed, unless I revoke it in writing.

Signature: _____

Printed Name: Geiliane Rebeca Messias



Liz Magda Teixeira de Almeida Seniuk <liz.seniuk@yousalaw.com>

Fwd: U- Visa application

1 mensagem

Marcela Saraiva <marcela@yousalaw.com>

5 de fevereiro de 2026 às 16:39

Para: Ananda Oliveira <ananda@yousalaw.com>, Liz Magda Teixeira de Almeida Seniuk <liz.seniuk@yousalaw.com>

----- Forwarded message -----

De: **Otavio Haverroth** <otavio@yousalaw.com>

Date: qui., 5 de fev. de 2026 às 15:44

Subject: Fwd: U- Visa application

To: Marcela Saraiva <marcela@yousalaw.com>

----- Forwarded message -----

From: **Jeffery Fyfe** <JFyfe@sanbruno.ca.gov>

Date: Wed, Feb 4, 2026 at 4:09 PM

Subject: U- Visa application

To: otavio@yousalaw.com <otavio@yousalaw.com>

Hello,

I am reviewing the U-Visa application recently submitted by your office for Geiliane Messias. I intend to fill out the application as it meets the standards for U-Visa. I know you submitted a memo requesting a copy of the crime report, but our front office requires a report request submittal by your office. I believe there is also a \$31 dollar fee. More information can be found at the link below. Please call our front office at **(650) 616-7100** if you need any further help.

<https://www.sanbruno.ca.gov/526/Report-Request>

Respectfully,

**Jeff Fyfe** | Detective Sergeant

Investigative Services Section

Phone: (650) 616-7100

Jfyfe@sanbruno.ca.gov

San Bruno Police Department

Ensuring Peace | Providing Safety | Building Community



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Marcela Saraiva
Head of Legal

Tel: +1 415 425-2508
marcela@yousalaw.com





Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks

▶ **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
▶ A-

N	/	A							
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- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Date of Birth (mm/dd/yyyy)
5. Sex Male Female

Part 2. Agency Information

1. Name of Certifying Agency
- Name of Certifying Official
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Agency Address

- 5.a. Street Number and Name
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

Other Agency Information

6. Agency Type
 Federal State Local
7. Case Status
 On-going Completed
 Other
8. Certifying Agency Category
 Judge Law Enforcement Prosecutor
 Other
9. Case Number
10. FBI Number or SID Number (if applicable)



Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Relationship
- 2.e. Involvement

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 3.d. Relationship
- 3.e. Involvement

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
- 4.d. Relationship
- 4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)
2. Date of Signature (mm/dd/yyyy)
3. Daytime Telephone Number
4. Fax Number



