**CB Surety LLC Victim Data Collection Form**

Please complete the fields below and return to **victimassistance.fraud@usdoj.gov. You must also include supporting documentation** with your submission. Your submission will not be considered complete if supporting documentation is not provided. Additional pages can be submitted, as needed.

Contact Information:

First Name

Last Name

Phone Number

Email Address

Address Line 1

Address Line 2

City

State

Country

ZIP/Postal Code

Unauthorized/Unfulfilled Charges:

Date of Charge

Amount of Charge

Company that Charged You

Description of Charge

Date of Charge

Amount of Charge

Company that Charged You

Description of Charge

Date of Charge

Amount of Charge

Company that Charged You

Description of Charge

Unauthorized/Unfulfilled Charges:

Date of Charge

Amount of Charge

Company that Charged You

Description of Charge

Date of Charge

Amount of Charge

Company that Charged You

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Company that Charged You

Description of Charge

Unauthorized/Unfulfilled Charges:

Date of Charge

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