

IF YOU BELIEVE YOU ARE A VICTIM IN ONE OF THE CASES LISTED ON THIS WEBSITE, PLEASE PRINT THIS FORM OUT AND COMPLETE WITH THE FOLLOWING INFORMATION. RETURN THE FORM TO THE ADDRESS OR FAX NUMBER LISTED AT THE BOTTOM OF THIS PAGE.

To: UNITED STATES ATTORNEY'S OFFICE
VICTIM-WITNESS UNIT

From: Name _____
(If you are not the victim, provide the name of the victim, company and/or estate you are representing.)

Title/Company Name (if appropriate)

Address _____

Contact numbers:
Home Telephone # _____
Cell # _____
Work _____
Fax _____
Email address _____

RE: **United States v.** _____
Criminal Docket No. _____ **USAO #** _____

Please provide information as to how you believe you were victimized in this case.
If you are claiming financial loss, it may be necessary to provide appropriate documentation.

Estimated Amount of Loss: _____
Approximate date(s) of victimization: From _____ to _____

(Our office will contact you if we need any further information and/or documentation.)

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

RETURN THIS FORM TO:

By Mail: ATTN: Victim/Witness Unit - **WEBSITE FORM**
United States Attorney's Office -EDNY
271 Cadman Plaza East
Brooklyn, NY 11201