



POTENTIAL VICTIM FORM

1) Full contact information for Potential Victim (please include full mailing address, daytime phone number, email address). If you have legal counsel or other representative who will represent you in this matter, please provide their information as well.

2) Please describe briefly why you believe you may be a victim in the criminal case.

3) If your personal data, or data from your organization, was distributed by the conduct of the defendant, please describe the nature of that data and identify any financial losses or expenses you or your organization incurred due to the posting and distribution of that data.

- 4) Did you ever interact with the defendants or any of their agents? If so, please provide copies of any correspondence.

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YES

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NO

- 5) Are you willing to talk with government investigators?

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YES

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NO

- 6) Would you or a representative be willing to testify at proceedings associated with the case?

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YES

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NO

By submitting this information to the United States government, you agree, under penalty of perjury, that all the information contained in this form is true to the best of your knowledge and belief.