

Victim Questionnaire

Please submit completed form to Victim.AssistanceNDCA@usdoj.gov

Name: _____

Address: _____

Email: _____ Phone Number: _____

Email used to register with the program if different: _____

Preferred method of contact: _____

Approximate date of initial investment: _____

Username(s): _____

How did you find out about the program? _____

What did you purchase from the program? _____

How much did you provide to the program? _____

What was your method of payment (bitcoin, wire transfer, c-gold, perfect money, etc.)?

What account or wallet did you send funds to? _____

Please attach supporting documentation of your financial loss. Possible examples include, email confirmations, blockchain query results, wire transfer receipts, western union receipts, etc. If you do not have supporting documentation, please explain why.

How much did you receive from the program? _____

Please include any other information that you believe would be helpful here:

By typing or signing your name below and returning this notice you are declaring under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Name: _____

Date: _____