

VICTIM & VICTIM FAMILY MEMBER CONTACT SHEET

DATE: _____

YOUR NAME: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS(ES): _____

Are you an injured victim or a victim family member? _____

Are you affiliated with any organizations related to the incident? YES NO
(If so, please list the organization[s] below.)

Yes, I am interested in speaking with a prosecutor in the Office of the Military Commissions
Office of the Chief Prosecutor.

I would like to learn more about the Victim/Witness Assistance Program. Please contact me.

Comments (optional):

Thank you for your feedback!