

**VICTIM INFORMATION SHEET**

**Defendant Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Victim Information:**

**Recipient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying Information:** \_\_\_\_\_  
\_\_\_\_\_

**Recipient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying Information:** \_\_\_\_\_  
\_\_\_\_\_

**Recipient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying Information:** \_\_\_\_\_  
\_\_\_\_\_

**\*\*THIS INFORMATION IS NOT TO BE RELEASED TO THE DEFENDANT  
PURSUANT TO 19.2-11.2 OF THE CODE OF VIRGINIA\*\***