

TO CLERK:
THE INFORMATION ON THIS PAGE IS CONFIDENTIAL.
DO NOT PROVIDE A COPY OF
THIS PAGE TO DEFENDANT AT SENTENCING.

Case No(s)

Contact information for victim(s):

.....
VICTIM 1

.....
ADDRESS

.....
CITY STATE ZIP

.....
TELEPHONE NOS.

.....
EMAIL ADDRESS

[] DC-301, REQUEST FOR CONFIDENTIALITY, is attached.

.....
VICTIM 2

.....
ADDRESS

.....
CITY STATE ZIP

.....
TELEPHONE NOS.

.....
EMAIL ADDRESS

[] DC-301, REQUEST FOR CONFIDENTIALITY, is attached.

.....
VICTIM 3

.....
ADDRESS

.....
CITY STATE ZIP

.....
TELEPHONE NO.

.....
EMAIL ADDRESS

[] DC-301, REQUEST FOR CONFIDENTIALITY, is attached.

The contact information for the victims provided above is correct to the best of my knowledge and belief.

.....
DATE

.....
SIGNATURE OF [] ATTORNEY FOR THE COMMONWEALTH [] DESIGNEE

.....
PRINTED NAME

.....
NAME OF AGENCY OF DESIGNEE
(IF APPLICABLE)

In order to ensure receipt of money paid towards restitution, the victim must notify the court if there is a change of his or her address listed above.