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| ***Please provide the following information for each victim/witness.*** | | | | |  | | **Victim/Witness Data Sheet** | | |
| **Docket Number** | | **Date Filed**   /  / | **OTN/LiveScan Number** | | | **Allegation Number** | | | **Incident Number** |
| **Juvenile Name** | First | | | Middle | | | | Last | |

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|  | **Victim**  **Witness** | | Victim/Witness # | | | | | | | |
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|  | (Name) | | | | |  | Age |  | Date of Birth |  |
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|  | (Home Street Address) | | | | | | | | |  |
|  |  | | |  |  | | | | |  |
|  | (City, State, & ZIP Code) | | |  | (Telephone #) | | | | |  |

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|  | **Victim  Witness** | Victim/Witness # | | | | | | | |
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|  | (Name) | | | |  | Age |  | Date of Birth |  |
|  |  | | | | | | | |  |
|  | (Home Street Address) | | | | | | | |  |
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|  | (City, State, & ZIP Code) | |  | (Telephone #) | | | | |  |

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|  | **Victim  Witness** | Victim/Witness # | | | | | | | |
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|  | (Name) | | | |  | Age |  | Date of Birth |  |
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|  | (Home Street Address) | | | | | | | |  |
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|  | **Victim  Witness** | | Victim/Witness # | | | | | | | |
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|  | (Name) | | | | |  | Age |  | Date of Birth |  |
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|  | (Home Street Address) | | | | | | | | |  |
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|  | (City, State, & ZIP Code) | | |  | (Telephone #) | | | | |  |

**AOPC J232 – Victim/Witness Data Sheet Addendum – Rev. 12/21 Page**    **of**