

Please provide the following information for each victim/witness.



## Victim/Witness Data Sheet

<b>Docket Number:</b>	<b>Date Filed:</b>	<b>OTN/LiveScan Number</b>	<b>Allegation Number</b>
<b>Juvenile Name:</b>	First:	Middle:	Last:

<input type="checkbox"/> Victim <input type="checkbox"/> Witness	Victim/Witness #	
_____ (Name)	_____ Age	_____ Date of Birth
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)	_____ (Telephone #)	

<input type="checkbox"/> Victim <input type="checkbox"/> Witness	Victim/Witness #	
_____ (Name)	_____ Age	_____ Date of Birth
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)	_____ (Telephone #)	

<input type="checkbox"/> Victim <input type="checkbox"/> Witness	Victim/Witness #	
_____ (Name)	_____ Age	_____ Date of Birth
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