

***Please remit to:***

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**Contact & Information Sheet**

*This information is for internal office use only, and will be kept strictly confidential.*

Filing as VICTIM  ON BEHALF OF VICTIM(S)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Other Names (nicknames) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone Number (h) \_\_\_\_\_ (w) \_\_\_\_\_

(cell) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Language \_\_\_\_\_ Needs Translator?  Yes  No

Can translate Arabic/English?  Yes  No

Date left Sudan \_\_\_\_\_

Date of arrival in USA \_\_\_\_\_

Immigration status \_\_\_\_\_

Type(s) of Identification:

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Family Members still in Sudan (please list names and location, if known):

*(continue on back if needed)*

Names of family member victims: