

**TO CLERK:  
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THIS PAGE TO DEFENDANT/JUVENILE AT SENTENCING**

Case No(s) .....

.....

Contact information for victim(s):

.....  
VICTIM 1

.....  
VICTIM 2

.....  
ADDRESS

.....  
ADDRESS

.....  
CITY STATE ZIP

.....  
CITY STATE ZIP

.....  
TELEPHONE NO.

.....  
TELEPHONE NO.

DC-301, REQUEST FOR CONFIDENTIALITY, is attached.

DC-301, REQUEST FOR CONFIDENTIALITY, is attached.

.....  
VICTIM 3

.....  
ADDRESS

.....  
CITY STATE ZIP

.....  
TELEPHONE NO.

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.**