Nebraska State Court Form REQUIRED Ch.6, Art.15, App. 5 New 09/15 Neb. Ct. R. § 6-1524(C)

VICTIM INFORMATION

IN THE DISTRICT COURT OF		COUNTY, NEBRASKA			
THIS DOCUMENT IS CONFIDEN PROVIDED TO 1	ITIAL AND SHALL THE PUBLIC PURS				
	Case No				
State of Nebraska, Plaintiff		<u>CONFIDENTIAL</u>			
	V.	VICTIM INFORMATION			
		For:			
 Defendant		For: (Full Name of Victim)			
Home Address:(Street)		(City)	(State)	(Zip Code)	
Employer:(Name of Employer)	(Employer's Ad	dress)		(Occupation)	
Telephone No.: Home	Work		Cell_		
E-mail Address:					
Date of Birth:	#				
Social Security No.:					
Other Information: (May include suc Numbers, Employment I.D. number, etc					
Instructions: When victim's personal in provided on Appendix 5. On pleadings reference Appendix 5: (i.e., "See Append kept confidential and may not be disclosed."	or documents to be fil ix 5"). If Appendix 5 is	ed with the court	, victim information,	where required, should	
Signature		Date			
Name		Street Address/P.O. B	ox		
Bar Number and Firm Name (attorneys only)		City/State/ZIP Code			

THIS FORM IS NOT TO BE FILED

DO NOT ENTER THIS INFORMATION IN JUSTICE

This form is neither approved nor disapproved by any court or judicial tribunal. Use of this form provides no immunity from error.

E-mail Address

Phone/Fax