

Please remit to:

Wanda M. Akin
Attorney At Law
One Gateway Center
Suite 2600
Newark, NJ 07102
Tel: 973-623-6834
Fax: 973-735-2965
Email: Akinlaw@akinandrandolph.com

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: