

MASTER MITIGATION WITNESS LIST

FAMILY/ FRIENDS

NAME	CONTACT INFO	INTERVIEW	COMMENTS
Significant other(s)			
	P: A:		
	P: A:		
	P: A:		
Parents			
	P: A:		
	P: A:		
	P: A:		
Paternal family			
	P: A:		
	P: A:		
	P: A:		
Maternal family			
	P: A:		
	P: A:		

MASTER MITIGATION WITNESS LIST

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
Friends			
	P: A:		
	P: A:		
	P: A:		
	P: A:		
	P: A:		
	P: A:		

EMPLOYMENT

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

MASTER MITIGATION WITNESS LIST

COMMUNITY: CHURCH/NEIGHBORHOOD

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

FREE-WORLD: MEDICAL / MENTAL HEALTH / ADDICTIONS

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

JAIL: GENERAL / PROBATION / PAROLE

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

MASTER MITIGATION WITNESS LIST

JAIL: MEDICAL / MENTAL HEALTH DEPARTMENT / ADDICTIONS

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

EDUCATION

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

JUVENILE: LEGAL / CRIMINAL

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

MASTER MITIGATION WITNESS LIST

EXPERTS

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

VICTIM IMPACT

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		

AGGRAVATING WITNESSES

NAME	CONTACT INFO	INTERVIEW	COMMENTS
	P: A:		
	P: A:		
	P: A:		