

Victim Impact Statement

Your Name:

Your Loved One's Name:

Relationship to the Decedent:

Case#: 1:08-cr-360 (RCL)

Defendant's Name: US v Slough, et Al.

Sentencing Date: April 13, 2015

To the Honorable Judge Royce C. Lamberth:

How has this crime affected you and those close to you? (e.g. feelings of anger, rage, blaming self, or family, helplessness, vulnerability, fear, paranoia, hopelessness, frustration, loss of trust and faith in the world)

How has this crime affected your ability to perform your work, make a living, run a household, go to school, or enjoy any other activities you previously performed or enjoyed? (e.g. over react to situations, overprotective of family members, socially withdrawn, fear of going out in a world that has been proven unsafe.)

Reactions feelings toward the criminal justice system:

(e.g. How the process impacted on you, how you/your family were treated; information on court proceedings and case status; feeling abandoned by the system, defense attorney's insinuations, how it felt enduring the trial, seeing the offender(s)).

Recommendations for sentencing (mandatory/maximum):

(Do you want to be notified what the sentence is, how it computes to actual time served, when this individual comes up for parole?)

Financial Impact:

We know that this extremely stressful period of your life cannot be compensated monetarily; however, you may want the Judge to know what costs you have incurred for restitution purposes. Please provide any documentation/verification of those losses in the form of receipts, canceled checks, insurance claims, etc.

A. Damages suffered:

- 1. Value of property lost or destroyed (list items) _____
- 2. Hospital and Medical Expenses _____
- 3. Lost income or wages _____
- 4. Funeral Expenses _____

TOTAL LOSS AMOUNT _____

B. Reimbursement received by collateral private sources:

- 1. Property Insurance _____
- 2. Health Insurance including Medical Aid Programs _____
- 3. Reimbursed Income or Wages _____
- 4. Other (list source and amount) _____

TOTAL REIMBURSEMENT _____

Date

Signature