

## VICTIM IMPACT STATEMENT

United States v. Longoria, et al. Court Docket Number: 11-CR-01565-PHX-DGC

The Judge in this case is interested in knowing the impact this crime has had on you. In an effort to provide this information to the court, we request your voluntary cooperation in completing this form. This information will be made available to the court and the defendant(s) and his/her attorney. *Claims for Restitution must be documented with receipts. Please attach additional pages and receipts as needed.*

Name of Victim: \_\_\_\_\_

1. Please list your financial losses from this crime, and attach any receipts or other records whenever possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any amounts of money that the defendant(s) have already repaid.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL LOSS REPAID:     \$ \_\_\_\_\_

3. Have you or anyone on your behalf initiated any civil action against any party as a result of this offense? (\_\_\_)Yes (\_\_\_)No. If yes, list the case name, docket number, court jurisdiction and address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you received any money or assets from the defendant(s) as a result of this litigation? (\_\_\_)Yes (\_\_\_)No. If yes, how much:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you initiated bankruptcy as a result of this crime? (\_\_\_)Yes (\_\_\_)No. If yes, list the case name, docket number, and status of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If you have suffered any other expenses or harm as a result of this crime, please list them below. Include such items as counseling, medical bills, etc. Please be specific and attach copies of receipts if possible. You may also discuss the emotional impact of the crime on you, and/or your family, or you may submit additional letters describing the impact of the crime. Please feel free to use additional pages if needed.

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7. What Sentence do you feel the defendant(s) should receive? Please explain below.

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8. Other comments or information you would like the court to know.

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**I declare under penalty of perjury that the above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by **December 18, 2013** of receipt in the mail in an addressed envelope to:

United States Attorney's Office  
Victim Witness Program  
Attention: Shawn Cox  
Two Renaissance Square  
40 North Central Avenue, Suite 1200  
Phoenix AZ 85004-4408

Or by fax to (602) 514-7650

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** There is no statutory authority for the collection of this information. This information is supplied on a VOLUNTARY basis by victims of crime.
2. **PURPOSE AND USE:** To obtain information which will enable the United States Attorney's Office to; assess victims' needs, provide input to the prosecutor, obtain court-ordered restitution and assist the United States Probation Office in preparing the Victim Impact Statement.
3. **EFFECTS OF NON-DISCLOSURE:** Disclosure of this information is VOLUNTARY. Failure to disclose may result in an inadequate assessment of victims' needs.