

**UNITED STATES v.** \_\_\_\_\_

**COURT DOCKET NUMBER:** \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_

**INDIVIDUAL VICTIM IMPACT STATEMENT**

How have you and members of your family been affected by this crime?

Please continue this statement on an additional sheet of paper if you wish.

Have you or members of your family received counseling as a result of this crime? Please explain.

How has the crime affected you and your family's lifestyle? Please explain.

Has the crime affected your family's Health? Please explain.

Have you filed a civil suit against the defendant? If yes, please list the case name, court location, and docket number.

If you or a family member were a patient of the defendant, did you or a family member express any concerns to the defendant in relation to the charged conduct?

Do you believe the defendant began or contributed to you or the victim's addiction?

Yes  No

Did the defendant prescribe or dispense drugs that resulted in death or bodily injury?

Yes  No

Do you believe the defendant failed to provide necessary care?

Yes  No

Did the defendant bill you or the victim's health insurance for unnecessary procedures or procedures that were never performed?

Yes  No

Have you experienced any of the following reactions to the crime:

Anger  Anxiety  Fear  Grief  Guilt  Numb  Chronic Fatigue

Sleep Loss  Addiction  Appetite Change  Sickness

Trouble Concentrating  Financial Stress  Depression.

Please describe any other reactions to the crime committed.

Do you feel the defendant is or will be a threat to you, your family or the community?

Yes  No, Please explain.

### **VICTIM IMPACT STATEMENT**

What else would you like the Judge to know about the defendant, or your situation as a result of the crime?

If a victim consents, the Court may also make restitution in services in lieu of money, or make restitution to a person or organization designated by a victim. If you are interested in this option, please explain.

1. Please list your actual financial losses from this crime. List only those items for which you have not been or do not expect to be repaid. Please attach receipts or other records whenever possible. (Use additional paper if needed.) Please differentiate any monies already repaid by a defendant.

2. Have you been assessed any additional taxes, penalties or interest by the federal government as a result of this case? If yes, please explain.

3. Have you or anyone on your behalf initiated civil action against any party as a result of this offense? If yes, please state the case name, docket number and court of jurisdiction.

4. If you have suffered any other expenses as a result of this crime, please list them below. Include such items as counseling, medical bills, lost income and necessary child care, transportation, and other expenses related to participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. Please be specific and attach copies of receipts if possible.

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

Printed Name: \_\_\_\_\_

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

**CONFIDENTIAL**

United States v. \_\_\_\_\_

Case Number: \_\_\_\_\_

The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and attorney for the defendant.

Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_