

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

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

**VICTIM IMPACT STATEMENT**

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

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

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

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

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Do you relate to people differently since the crime? Please explain

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

Have you experienced any of the following reactions to this crime?

PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION.

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Anger           | <input type="checkbox"/> Fear       | <input type="checkbox"/> Repeated Memory of Crime |
| <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Grief      | <input type="checkbox"/> Sleep Loss               |
| <input type="checkbox"/> Appetite Change | <input type="checkbox"/> Guilt      | <input type="checkbox"/> Uncontrolled Crying      |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Unsafe                   |
| <input type="checkbox"/> Depression      | <input type="checkbox"/> Numb       | <input type="checkbox"/> Trouble Concentrating    |

Please describe any other reactions to the crime committed.

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

Yes    No    , Please explain.

What else would you like the court 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.

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, accounting, or other records whenever possible. (Use additional paper if needed.) Please differentiate any monies already repaid by a defendant.

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

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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, necessary child care, transportation, and other expenses incurred during your participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. Please be specific and attach an accounting or copies of receipts if possible.

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

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

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

**CONFIDENTIAL**

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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: \_\_\_\_\_