<u>U</u>	NITED STATES v.	
	COURT DOCKET NUMBER:	
	VICTIM IMPACT STATEMENT	
VICTIM NAME:		

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 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.

<u>UNITED</u>	STATES v.		
COU	RT DOCKET NUMBER:		
	VICTIM IMPACT STATE	EMENT	
VICTIM NAME:			
Do you relate to people diffe	rently since the crime? Please	explain	
How has the crime affected y	ou and/or your family's lifesty	yle? Please explain	
PLEASE REALIZE THESE ARE	the following reactions to this NORMAL REACTIONS TO A TRA		_
Anger	Fear		Repeated Memory of Crimo
Anxiety	Grief		Sleep Loss

Guilt

Numb

Nightmares

Uncontrolled Crying

Trouble Concentrating

Unsafe

Please describe any other reactions to the crime committed.

Appetite Change

Chronic Fatigue

Depression

UNITED STATES v.	
COURT DOCKET NUMBER:	

VICTIM IMPACT STATEMENT

VICTIM NAME:
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.

UNITED STATES v.	
COURT DOCKET NUMBER:	

VICTIM IMPACT STATEMENT

VICTIM NAME:
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
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: