

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.

UNITED STATES v.

COURT DOCKET NUMBER:

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Financial Hardship (For the following, check all that apply and please explain in the box below.)

Has the effect or impact of this crime resulted in you:

becoming insolvent;

filng for bankruptcy under the Bankruptcy Code (title 11, United States Code);

suffering substantial loss of a retirement, education, or other savings or investment fund;

making substantial changes to your employment, such as postponing your retirement plans;

making substantial changes to your living arrangements, such as relocating to a less expensive home;

suffering substantial harm to your ability to obtain credit; or

suffering some other form of substantial financial hardship (description required).

Please describe in detail:

UNITED STATES v.

COURT DOCKET NUMBER:

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Financial Losses

Please list your actual financial losses from this crime. (Use additional paper if needed.)

Exclude or deduct from your losses any amounts that you have been paid out or that you expect to be repaid.

Please attach receipts, accounting, or other records (screenshots are acceptable) whenever possible.

Federal Tax, Penalty, and Interest Information

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:

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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.

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 childcare, 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.

UNITED STATES v. _____

COURT 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.

UNITED STATES v.

COURT DOCKET NUMBER: _____

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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?

Signature:

Printed Name:

Date:

UNITED STATES v.

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Case Number: _____

The address and telephone contact information provided below will only be provided to the presentence probation officer and the Department of Justice, to include 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: _____