VICTIM IMPACT STATEMENT

United States v. Gunay Yakup, et. al.

Name of victim(s):

Name of person filling out form if different from victim:

Relationship to victim: _____

You may use this form or write your own letter. If you need additional space to answer questions on this form or provide additional information not requested on the form, please attach an additional sheet of paper.

PHYSICAL IMPACT

Describe whether the crime has physically affected you or the person(s) you represent. Please explain in as much detail as you can how the crime have caused these physical impacts. For example, the need or expectation that you may need further treatment.

EMOTIONAL IMPACT

Describe how the crime has emotionally affected you or the person(s) you represent. For example, think of:

- your lifestyle, activities
- your relationships with others such as your spouse, family and friends
- your ability to work, attend school or study
- your feeling, emotions and reactions as they relate to the crime and/or defendant

ECONOMIC IMPACT

Describe how the crime has financially affected you or the person(s) you represent. For example, think of:

- the cost of any medical expenses, therapy or counseling
- any cost or losses as a result of the crime that are not covered by insurance

Do you want to request restitution?   _____ YES   _____ NO

OTHER INFORMATION FOR THE COURT TO CONSIDER

- What other information do you want the Judge to know when considering what sentence to impose?

Are you represented by an attorney?   _____YES   _____ NO

If yes, provide the name and contact information for your attorney:

Have you initiated civil litigation or are you participating in a class action against the defendant?

_____ YES   _____NO

Case Name:

Court:

Docket Number:

Do you wish to attend sentencing?   _____ YES   _____ NO

Do you wish to speak at sentencing?   _____ YES   _____ NO

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

_____   _____
Signature of Victim   Print Name

_____   _____
Street Address   City, State Zip Code

                                              [ ] Home
_____ [ ] Cell   _____
Best Contact Telephone Number   Email Address

DATE:_____