

**VICTIM IMPACT STATEMENT/FINANCIAL CRIME**

UNITED STATES v. BRANDON FRERE

USAO # 2018R00914

COURT DOCKET# CR 19-000493 SI

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

(1) How much did you pay to American Financial Benefits Center (“AFBC”), Ameritech Financial (“AMERITECH”), or Financial Education Benefits Center (“FEBC”)

\_\_\_\_\_

a. What was the date of your first payment? \_\_\_\_\_

b. What was the date of your last payment? \_\_\_\_\_

(2) Have you received any money back from other means (ie: civil lawsuits, settlements)? If yes, please list amount and date of the payment. \_\_\_\_\_

(3) If you have filed a civil suit against the defendant please list the case name, court location and docket number. \_\_\_\_\_

(4) Do you currently have documentation regarding your payments? If not, please explain why. \_\_\_\_\_

(5) Did you suffer additional financial hardship as a result of signing up for services AFBC, AMERITECH, or FEBC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle any of the following that may apply:

- a. Did additional interest accrue on student loans that you believed were being paid down through your payments to AFBC, AMERITECH, or FEBC?
  - i. If yes, please answer question 15 below and provide the amount.
- b. Did you become insolvent?
- c. File for bankruptcy under the Bankruptcy Code (Title 11, United States Code)?
- d. Did you suffer substantial loss of a retirement, education, or other savings or investment fund?
- e. Did you make substantial changes to your employment, such as postponing retirement plans?
- f. Did you make substantial changes to your living arrangements, such as relocating to a less expensive home?
- g. Did you suffer substantial harm to your ability to obtain credit?

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

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(7) Have you or members of your family received counseling or therapy as a result of this crime? If yes, please explain. \_\_\_\_\_

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(8) Do you relate to people differently since the crime? If yes, please explain. \_\_\_\_\_

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(9) How has the crime affected you and your family's lifestyle? If so, please explain.

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(10) Has the crime affected your family's livelihood? If yes, please explain. \_\_\_\_\_

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(11) Have you experienced any of the following reactions to the crime? Please realize these are normal reactions to a traumatic event or situation. Please circle any of the following that may apply:

- a. Anger
- b. Anxiety
- c. Fear
- d. Grief
- e. Guilt
- f. Numbness
- g. Sleep Loss
- h. Nightmares
- i. Appetite Change
- j. Trouble Concentrating
- k. Repeated Memory of Crime
- l. Chronic Fatigue
- m. Uncontrolled Crying

n. Depression

(12) Please describe any other reactions to the crime committed.

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

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain.

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

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

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(16) Have you or anyone on your behalf initiated a victim action or bankruptcy action against any party as a result of this offense? If yes, please state the case name, docket number and court of jurisdiction. \_\_\_\_\_

(17) 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.

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I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

PLEASE SUBMIT COMPLETED FORMS BY

**APRIL 30, 2020 TO [USACAN.AmeritechVIS@USDOJ.GOV](mailto:USACAN.AmeritechVIS@USDOJ.GOV).**

PLEASE ATTACH RECEIPTS OR OTHER RECORDS DOCUMENTING THE LOSSES DESCRIBED ABOVE AND SCAN ALL DOCUMENTS AS A **SINGLE PDF FILE**.

(USE ADDITIONAL PAPER IF NEEDED.)