

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

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

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

**VICTIM IMPACT STATEMENT**

*Completing this form is optional and the questions serve as a guide for potential issues that you and/or your family may have encountered as a result of the offense. Please feel free to draft a letter or submit a Victim Impact statement another way instead of using this form.*

How have you and members of your family been affected by this crime? Feel free to discuss how the crime has affected you and/or your family's health and lifestyle.

Have you and/or members of your family received counseling as a result of this crime?

☐ Yes ☐ No

If yes, please explain:

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If you and/or a family member were a patient of the defendant, did you and/or the family member express any concerns to the defendant in relation to the charged conduct?

☐ Yes ☐ No

If yes, please explain:

Do you believe the defendant began or contributed to you and/or your family member's addiction?

☐ Yes ☐ No

If yes, please explain:

Did the defendant prescribe or dispense drugs that resulted in death or bodily injury?

☐ Yes ☐ No

If yes, please explain:

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Do you believe the defendant failed to provide necessary care?

☐ Yes ☐ No

If yes, please explain:

Did the defendant bill you and/or your family member's health insurance for unnecessary procedures or procedures that were never performed?

☐ Yes ☐ No

If yes, please explain:

Have you experienced any of the following reactions to the crime:

☐ Anger ☐ Anxiety ☐ Fear ☐ Grief ☐ Guilt ☐ Chronic Fatigue

☐ Sleep Loss ☐ Addiction ☐ Appetite Change ☐ Sickness

☐ Trouble Concentrating ☐ Financial Stress ☐ Depression

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,

If yes, 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.

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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 or other records that document your losses whenever possible. 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.

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

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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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: \_\_\_\_\_