

3)What was the financial impact of this crime on you and your family? (Note: please try to provide information documenting losses for restitution and other financial obligations, such as receipts and bills for property damages or losses, insurance co-pays, un-reimbursed medical and counseling fees, etc.)

4)What physical injuries or symptoms have you or others close to you suffered as a result of this crime? You may want to write about how long the injuries lasted or how long they are expected to last and if you sought medical treatment for these injuries. What changes have you had to make in your life as a result of these injuries?

5)How would you like to see the defendant sentenced? Please keep in mind that the sentence is not entirely up to the discretion of the judge. There are prescribed guidelines that the judge must follow in determining the defendant’s sentence.

PLEASE RETURN THIS FORM TO THE U.S. ATTORNEY’S OFFICE IMMEDIATELY.