

VICTIM IMPACT STATEMENT

United States v. **Daniel Lewis Hendon** **14-CR-00990-PHX-NVW**

United States v. **Danny's Management Services LLC, et al.** **13-CR-01143-PHX-NVW**

United States v. **John Randall Sanford** **14-CR-00301-PHX-NVW**

United States v. **Adam Joseph Wakeley** **14-CR-00108-PHX-NVW**

The Judge in this case is interested in knowing the impact this crime has had on you. In an effort to provide this information to the court, we request your voluntary cooperation in completing this form. This information will be made available to the court, the defendants, and their attorneys.

Name of Victim: _____

Name of Victim Respondent: _____
(if victim is deceased, or a child)

1. Have you experienced any of the following feelings since the crime occurred? (Please check the appropriate response(s).

Depression Anxiety Fear Anger/Rage

Loss of Sleep Loss of Appetite Other

Comments _____

2. How has this crime affected you? Please feel free to discuss your feelings about what has happened and how it has affected your well-being.

3. Has this crime affected your ability to earn a living? Yes_____ No_____
- If yes, describe your employment and specify how and to what extent your ability to earn a living has been affected, days lost from work, etc.

4. Has this crime affected your relationship with any co-workers, or other people?

5. What sentence(s) do you feel the defendant(s) should receive? Please explain below.

6. Other comments or information you would like the court or the prosecutor to know:
(you may submit a separate letter or attach additional pages if you would like)

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

If you are completing this statement for someone else, please include the following:

Name: _____ Relationship to victim: _____

Please return by or before ***Friday, August 22, 2014*** to:

U.S. Department of Justice
United States Attorney, District of Arizona
Victim Witness Program
Attn: Amanda Pille
Two Renaissance Square
40 North Central, Suite 1200
Phoenix, Arizona 85004-4408

Or, by fax to: (602) 514-7650
Attn: Amanda Pille

PRIVACY ACT STATEMENT

1. **AUTHORITY:** There is no statutory authority for the collection of this information. This information is supplied on a VOLUNTARY basis by victims of crime.
2. **PURPOSE AND USE:** To obtain information which will enable the United States Attorney's Office to; assess victims' needs, provide input to the prosecutor, obtain court-ordered restitution and assist the United States Probation Office in preparing the Victim Impact Statement.
3. **EFFECTS OF NON-DISCLOSURE:** Disclosure of this information is VOLUNTARY. Failure to disclose may result in an inadequate assessment of victims' needs.