

INFORMATION REGARDING YOUR VICTIM IMPACT STATEMENT

No one knows better than you how this crime may have changed your life. Those of us involved in your case believe that it is very helpful if you can assist the Court in understanding all the ways this crime has affected you and those close to you. Sharing this information in a Victim Impact Statement and/or addressing the Judge at sentencing can be a very effective way of doing this. Your statement (or a summary of it) will become a formal part of the court record and, as such, can be seen by the defendant and his or her attorney.

We recognize that the Victim Impact Form itself is impersonal. However, when completed in your own words, your feelings will help personalize the impact of this particular crime on your life and that of your family and friends.

The Judge may also be considering the matter of restitution in the criminal case. Restitution is a Judge's order that a defendant make payment to you as the victim, for your actual financial losses resulting from the crime. The Judge may use this information in deciding what amount, if any, of restitution is appropriate for each victim. However, there is no guarantee that the court will order restitution nor that defendant will be able to pay any amount even if it is ordered by the Judge. Restitution orders in criminal cases are independent of, and different from, monetary awards in civil cases.

EXPLANATION OF LOSSES SUBJECT TO RESTITUTION

- In the case of an offense resulting in bodily injury to a victim, the court may order payment of an amount equal to the cost of necessary medical and related professional services and devices relating to physical, psychiatric, and psychological care, including non-medical care and treatment rendered in accordance with a method of healing recognized by the law of the place of treatment; payment of an amount equal to the cost of necessary physical and occupational therapy and rehabilitation; and reimbursement to the victim of their lost wages as a result of such an offense.
- In an offense resulting in damage to or loss or destruction of property of a victim of the offense, the court may order the return of the property to the owner of the property or someone designated by the owner; or if return of the property is impossible, impractical, or inadequate, the court may order payment of an amount equal to the greater of the value of the property on the date of the damage, loss, or destruction, or the value of the property on the date of sentencing, less the value (as of the date the property is returned) or any part of the property that is returned.
- In any case, the Court may order reimbursement to the victim for necessary child care, transportation, and other expense related to participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense may also be order as restitution.
- In the case of an offense resulting in bodily injury that also results in the death of a victim, the court may order payment of an amount equal to the cost of funeral and related expenses.
- If a victim has received compensation from insurance or any other source with respect to a loss, the court shall order that restitution be paid to the person who provided or is obligated to provide the compensation but the restitution order shall provide that all restitution of victims required by the order be paid to the victims before any restitution is paid to a provider of compensation.
- In any case, if the victim (or a victim's representative) consents, the court may order the defendant to make restitution in services in lieu of money or to make restitution to a person or organization designated by the victim or the victim's representative.
- In cases of fraud, the Court may order restitution in an amount equal to each victim's actual losses, usually the value of the principal or property fraudulently obtained. In most cases, attorney fees and tax penalties are not included in restitution. In limited circumstance, auditing costs accrued by the victim to determine loss may be ordered.
- In addition, the victim may, at any time, assign the victim's interest in restitution payment to the Crime Victim Fund in the U.S. Treasury without in any way impairing the obligation of the defendant to make such payments.

If you are unsure what you can claim as restitution, please contact the Victim Witness Coordinator at the U.S. Attorney's Office. Also, feel free to contact a private attorney for legal advice

Please complete and return your statement within the as soon as possible. It will then be forwarded to the probation officer. **Again, it is very important that this information be returned within the next ten days, if possible.**

Return to: U.S. Attorney's Office, Attn: VWC, 111 7th Ave SE, Box 1, Cedar Rapids, IA 52401.

VICTIM IMPACT STATEMENT

*United States v. Quality Egg, LLC d/b/a Wright County Egg; Austin (Jack) DeCoster;
and, Peter DeCoster*
Court Docket No. 14-CR-03024 MWB

Form Completed by *(if completed on behalf of someone else, please include that name)*

How have you and members of your family been physically affected by this crime?

How has the crime impacted you and your family financially?

Please describe any other feelings you have had in response to the crime which you would like to share with the Judge. These may be either feelings you felt immediately after the crime, or those that you still feel.

Have you filed a civil suit against any of the defendants? (____)YES / (____)NO. If yes, list the case name, court location, and docket number.

Have you received any money or assets from any of the defendants or their insurers as compensation for harm resulting from these crimes? (____)YES / (____)NO. If yes, how much?

VICTIM IMPACT STATEMENT

*United States v. Quality Egg, LLC d/b/a Wright County Egg; Austin (Jack) DeCoster;
and, Peter DeCoster*
Court Docket No. 14-CR-03024 MWB



Form Completed by *(if completed on behalf of someone else, please include that name)*

Please list medical expenses, including provider's name, total cost and out of pocket expense:

Lost income or wages caused due to illness or care of person sickened. List who lost the wages and the amount for each individual separately:

List miscellaneous expenses (type and amount) not listed above.

Did you have insurance that covered any of your medical bills or lost wage? If so, please provide the name and address of your insurance company and the claim number or policy number.

I declare that the above information is true and correct to the best of my ability.

Print Name: _____

Signature: _____

Date: _____

VICTIM IMPACT STATEMENT

*United States v. Quality Egg, LLC d/b/a Wright County Egg; Austin (Jack) DeCoster;
and, Peter DeCoster
Court Docket No. 14-CR-03024 MWB*



Form Completed by *(if completed on behalf of someone else, please include that name)*

If you (1) would like to receive notification from the U.S. Department of Justice about the status of this case and/or (2) are requesting monetary restitution, please provide the following information. This information will NOT be forwarded to the defendant. This information will assist us in ensuring that we can locate you if you should move

Permanent Address: _____

Phone Number: _____

Social Security Number _____

Date of Birth _____

If you wish for your restitution payment to be mailed to a different address, please list it below:

Please list any additional contact information that you believe would be helpful in locating you.

Mail to:
U.S. Attorney's Office
Attn: VWC
111 7th Ave SE, Box 1
Cedar Rapids, IA 52401
or
Fax to:
(319) 363-1990
or
Email to:
shari.konarske@usdoj.gov