

Victim Impact Statement

VICTIM NAME: _____

UNITED STATES V. _____

DOCKET NUMBER: _____

SS# OR TAX ID# _____
(required for restitution purposes)

ADDRESS: _____
Street/Apt. No.

PH: () _____ HOME

City/State/Zip Code

() _____ WORK

YOU MAY ADD MORE INFORMATION TO YOUR STATEMENT ON SEPARATE PAGES

1. As a result of this incident, were you physically injured? If yes, please describe the extent of your injuries.

2. Did you require medical treatment for the injuries sustained? Please detail the type of treatment, length of treatment or rehabilitation, name of physician or medical facility.

3. Were you psychologically injured as a result of this incident? Describe the impact this had on you, any counseling you have undergone and any cost of counseling.

4. Has this incident affected your lifestyle or your family's lifestyle?

5. Please describe what being the victim of a crime has meant to your family.

Victim Impact Statement

Financial Statement

6. Has this incident affected your ability to earn a living? Please describe your employment and how it has affected you.

I. DAMAGES (Attach Supporting Documents for All Damages Listed i.e. receipts, repair bills etc.)

- a. List property lost, destroyed or damaged and its value.

_____	\$ _____
_____	\$ _____
_____	\$ _____

- b. List Medical expenses relating to physical, psychiatric, or psychological care.

_____	\$ _____
_____	\$ _____
_____	\$ _____

- c. Physical/Occupational Therapy Expenses: \$ _____

- d. List Lost Income or Wages: \$ _____

- e. List miscellaneous expenses – transportation, child care etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOSS:

\$ _____

II. REIMBURSEMENT RECEIVED (Attach Supporting Documents)

- a. Property Insurance: \$ _____

- b. Medical Insurance: \$ _____

- c. Other – List Source & Amount

_____	\$ _____
_____	\$ _____

TOTAL REIMBURSEMENT:

\$ _____

7. What are your feelings about the United States Attorney's Office or the criminal justice system in general, regarding this incident?

8. Do you have any thoughts or suggestions regarding a sentence that the court should impose?

Please attach copies of all records necessary to support the injuries and losses described above. This includes any medical bills, official records of days of employment lost, estimates or receipts for stolen or damaged property.

THIS FORM IS SUBSCRIBED AND AFFIRMED BY THE VICTIM AS TRUE UNDER PENALTIES OF PERJURY. (TITLE 18, U.S.C. § 1001)

Date: _____ **Signature:** _____

PRIVACY ACT STATEMENT

Authority: There is no statutory authority for the collection of this information. This information is being supplied on a voluntary basis.

Purpose and Use: To obtain information regarding the impact of crime on a victim. This information could be used for requesting court ordered restitution and assisting the U. S. Probation Office in obtaining information for a pre-sentence investigation. Please note that the completed Victim Impact Statement will become part of the court file and subject to review by the defendant.

Effects of Non-Disclosure: Disclosure of this information is voluntary. Failure to disclose this information may result in an inadequate assessment of victims' needs for application of court ordered restitution.