

U.S. Probation Officer: Liberty Lander

U.S. Attorney's Office Victim Witness Coordinator: John Hernandez

United States v. William Worthy, et al

Docket No.: 13-CR-00119

**INDIVIDUAL VICTIM LOSS AFFIDAVIT**

Please list any expenses you have incurred and/or have paid as a result of this crime. If a particular item below does not apply to you, write "Not Applicable" in the appropriate space. Attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

**A. Crime Related Losses and/or Costs**

1. List any losses you have sustained with the corresponding amounts (i.e. theft, damage or destruction of personal property, medical or mental health expenses, funeral expenses, and lost wages)

---

---

---

---

2. If you sustained any physical injuries and/or emotional trauma as a result of the offense, you may provide a written VICTIM IMPACT STATEMENT detailing the nature and extent of the injuries or trauma and any effect it had or is presently having on your life.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**B. Money you were paid by Insurance, Victim Compensation or Other Sources  
(Whenever possible, attach copies of receipts of insurance payments.)**

1. Property, Auto, or Homeowners Insurance: \$ \_\_\_\_\_

Name of Company \_\_\_\_\_

Claim No. \_\_\_\_\_

Name of Claims Representative or Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

2. Medical Insurance: \$ \_\_\_\_\_

Name of Company \_\_\_\_\_

Claim No. \_\_\_\_\_

Name of Claims Representative or Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

3. Life Insurance: \$ \_\_\_\_\_

Name of Company \_\_\_\_\_

Claim No. \_\_\_\_\_

Name of Claims Representative or Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

4. Other (list source, address, telephone number, and amount):

---

---

---

5. Have you applied for Crime Victim Compensation Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If you received compensation as a result of your claim, list the amount, claim number, date received, and governmental agency that made the payment.

---

---

---

**C. Civil Litigation**

1. Have you filed a civil lawsuit due to injuries or financial losses sustained as a result of this crime? If so, what is the status of the case? Amount of recovery if applicable? Additionally, please provide the case number, court of jurisdiction, and location of court (city and state).

---

---

---

**D. Victim Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_

Email: \_\_\_\_\_

I declare under penalty of perjury that the foregoing information contained in this document is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_