FBI Minneapolis Division United States Postal Inspection Service

# Magazine Scams Case Questionnaire

Victim Name:	First Name	e / Middle Initial / Last Name	e
Date of Birth:	Month / Da	y / Year	
Address:	Street Addr	ress	
	City	State/Provence	Zip Code
Email Address:			
Home Phone:	Cell Phone:		
the victim?  o I am the v o Son/Daug.  Your name a	victim hter and best con re completing	<ul> <li>Spouse/Partner</li> <li>Friend</li> <li>ntact information:</li> <li>this form on behalf of a pote</li> </ul>	o Sibling Other:
List all compar	nies and how	they appear on your credit c	elieve you were victimized by? eard statement or bank statement. You nts in your response as needed.

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2.	0	Telephone o Email o Physical Mail Social media o Other:						
3.	0 0	ow did you pay the magazine service(s)? (Select all that apply)  Cash						
4.	0	ow frequently did the magazine service(s) charge you? (Select all that apply) One time (paid in full) One time every month Multiple times per month						
5.		Oid you attempt to stop the magazine charges? O Yes O No a. If yes, did the charges stop? O Yes O No						
6.	0 0 0	nich of the below, if any, did you report this fraud to? (Select all that apply) Better Business Bureau State Attorney General's Office (which state:) Federal Trade Commission Law enforcement agencies (which agencies:) Other						
7.	0 0	a result of this offense, did you: (Select all that apply)  Experience financial loss or hardship  Suffer harm to your credit or your ability to obtain credit  Cancel a credit card, close a bank account, or change a phone number in an attempt to stop harassing telemarking phone calls						
	0 0	Suffer loss of a retirement, education, or other savings or investment fund Become insolvent or file for bankruptcy Make changes to your employment (such as taking on a second job or						
	0	postponing retirement plans)  Make changes to your living arrangements (such as relocating to a less expensive home)						
	0	Make changes to your daily routine (such as not answering the phone)						

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o Suffer anxiety, stress, confusion, or emotional distress

## VICTIM IMPACT STATEMENT

Victim name:	City/State where v	victim liv	ves: _		
Victim age:	Victim's occupation	n:	. 11.		
		(if ret	ired, lis	t prior occu	ipation also)
Victims have the right to be redo that is to submit a victim determine what punishment slimpact statement, the following statement. These questions are them as you want to. You can a sis Chief Judge John R. Tunheit the Court know anything you to	impact statement, which wi hould be received by the defer ng are questions you may w e only intended to be a guide- also write a letter on a separate m), or continue this statemen	ill be use ndants. If yant to co —you can te sheet o at on addi	d by the you wonsider answer	he Court ant to pro as you er as mar r (the sen	, including to ovide a victim compose your as few of tencing judge
How were you and your emotionally, or in any othe		eted by	this	crime—	-financially,
What are your thoughts or	n the sentencing of the ${\sf d}\epsilon$	efendant	ts?		
	G				
Is there any other informa	ation you believe the Cour	rt shoul	d kno	w?	

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## RESTITUTION REQUEST

The Magazine Case

US v. Rahm, 20-cr-232 (JRT/KMM); US v. Mathias, 20-cr-231 (JRT/BRT);

US v. Timmerman, 20-cr-233 (JRT/KMM); US v. Dahl, 18-cr-305 (JRT); US v. Oelrich, 20-cr-128 (JRT)

Victim name:	
Victim address:	
Victim telephone:	Victim email:
Victims Restitution Act. Restituate attached forms. The determina restitution does not guarantee the of the restitution and the types	e case, you may be entitled to restitution under The Mandatory ation may be ordered to you, whether or not you complete the tion of restitution will be made by the Court and an order of at you will receive a restitution payment. A complete explanation of repayment you may be entitled to receive can be found here <a href="https://www.restitution-process">-vns/restitution-process</a> . If you choose to fill out a restitution below.
much you paid out-of-p	you believe you lost as a result of this crime (i.e., how bocket for the magazines sold by fraudulent and deceitfult refunded to you or covered by insurance).
Company:	Amount of Loss: \$
	Amount of Loss: \$
Company:	
	Amount of Loss: \$
	Amount of Loss: \$
	Amount of Loss: \$
Company:	
Company:	
Company:	
Company:	Amount of Loss: \$
2. List any other miscella crime:	aneous losses that you incurred as a result of this
	Amount of Loss: \$
	TOTAL LOSS: \$
	ormation on this form is federal crime. I declare under oregoing is correct and true, to the best of my knowledge.
Date:	Victim Signature:

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