

VICTIM IMPACT STATEMENT/FINANCIAL CRIME

United States v. Lewis Wallach
Court Docket Case No. 3:20-CR-00365 MMC
(USAO No. 2020R00744)

VICTIM NAME: _____

VICTIM ID NUMBER (VIN from DOJ Notices): _____

INSTRUCTIONS

1. Please complete and submit this victim impact statement no later than **May 10, 2021** and include supporting documentation. Late submissions will not be accepted.
2. You must sign the victim impact statement form you submit and verify the accuracy of the information you provide. Unsigned forms may be returned. Please be sure to include your complete mailing address, which is necessary for the process of determining restitution.
3. E-mail submissions are preferred. Please convert and combine files with your statement into one pdf and send to USACAN.PFIVIS@usdoj.gov. You will receive an automated response upon receipt. Please do not e-mail multiple files or re-send submitted files. Only mailed/faxed paper or emailed PDF files can be accepted; JPEGs, Google Docs, photos, zip files, protected files or Word documents cannot be accepted.
4. Please redact all Personal Identifiable Information (PII) from your supporting documents (using pdf redaction tool or manual redactions) including the following, according to the examples:
 - a. Street Address: XXX XXXX, San Francisco, CA 94102 (leave city and zip visible)
 - b. Phone Number: (XXX) XXX-XXXX (redact all)
 - c. Social Security Number: XXX-XX-1234 (leave the last four digits visible)
 - d. Date of Birth: XX-XX-1234 (leave the year visible)
 - e. Bank Routing Numbers, Bank Account Numbers: XXXX1234 (leave last four visible)
 - f. Email: NAME@XXXX.XXX (leave e-mail name visible)

INVESTMENT AND LOSS AMOUNT

The following questions relate to your investment with Professional Financial Investors, Inc. (PFI) or Professional Investor Securities Fund, Inc. (PISF), or any related Limited Partnerships (LPs) or Limited Liability Corporations (LLCs). Please attach documentation regarding your investments and any payments to you, including checks, confirmations, investment contracts or notes, and periodic statements or reports. If you have received a statement of account from PISF or PFI related to your investment, please also attach that document.

Victim Last Name: _____

VIN.: _____

1. Provide the following information for your initial investment in PFI, PISF, or any related LPs or LLCs:

Date of investment:	
Amount in \$:	
Type of investment (Note, Deed of Trust, LLC Interest, LP Interest):	
Form of investment payment (Check, Wire, Cash, Other):	
Co-owner, if any, listed on the investment:	

For all subsequent investments in PFI, PISF, or related LPs or LLCs provide the following information (continue on a separate sheet if necessary and check here ☐):

Date of Investment	Amount	Type of Investment	Form of Payment	Co-Owner

2. How much did you receive back in payments of any type from PFI, PISF, or related LPs or LLCs, from the time you first invested? Please specify amounts in the categories below:

- ☐ Interest:
☐ Distributions:
☐ Commissions, finders fees, or referral fees:
☐ Return of any portion of the investment principal:
☐ Other payments from PFI or PISF:

3. Were you ever employed by PFI or PISF or ever perform paid work for those entities or related properties? ☐ Yes ☐ No

Victim Last Name: _____

VIN.: _____

If you answered yes, list the dates of employment or work, and your salary or any payments you received:

4. List the full names of relatives, spouses, or domestic partners who also invested:

5. Have you received any payments regarding these investments from other sources (for example, civil lawsuits, settlements, or insurance)? ☐ Yes ☐ No
If yes, please list amount and date of the payment:

6. If you have filed a civil suit against the defendant please list the case name, court location and docket number:

7. Have you been assessed any additional taxes, penalties or interest by the federal or state government as a result of this case? If yes, please explain and describe:

8. Please list and describe any other expenses you have incurred as a result of this crime, including counseling, medical bills, lost income and necessary child care, transportation and other expenses related to participation in the investigation or prosecution of the offense or attendance at criminal proceedings. Please attach copies of receipts if possible.

Victim Last Name: _____

VIN.: _____

9. If you do not have the requested documentation regarding your investment, please explain why:

IMPACT OF THE CRIME

10. If you suffered a significant financial hardship as a result of your investment, please describe:

11. Please check any of the following that may apply:

- ☐ Did you become insolvent as a direct result of the loss of the investment?
- ☐ File for personal bankruptcy under the Bankruptcy Code (Title 11, United States Code)?
- ☐ Did you suffer substantial loss of a retirement, education, or other savings or investment fund?
- ☐ Did you make substantial changes to your employment, such as postponing retirement plans?
- ☐ Did you make substantial changes to your living arrangements, such as relocating to a less expensive home?
- ☐ Did you suffer substantial harm to your ability to obtain credit?
- ☐ How else have you or members of your family been affected? Please describe:

12. Have you or members of your family received counseling or therapy as a result of this crime?
If yes, please explain:

Victim Last Name: _____
VIN.: _____

13. Do you relate to people differently since the crime? If yes, please explain:

14. How has the crime affected you and your family's lifestyle?

15. Has the crime affected your family's livelihood? If yes, please explain:

16. Have you experienced any of the following reactions to the crime? Please realize these are normal reactions to a traumatic event or situation. Please circle any of the following that may apply:

- ☐ Anger
- ☐ Anxiety
- ☐ Fear
- ☐ Grief
- ☐ Guilt
- ☐ Numbness
- ☐ Sleep Loss
- ☐ Nightmares
- ☐ Appetite Change
- ☐ Trouble Concentrating
- ☐ Repeated Memory of Crime
- ☐ Chronic Fatigue

Victim Last Name: _____

VIN.: _____

☐ Uncontrolled Crying

☐ Depression

17. Please describe any other reactions to the crime committed:

18. What else would you like the Judge to know about the defendant, or your situation:

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS
TRUE AND CORRECT.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE:

E-MAILED SUBMISSIONS ARE PREFERRED TO: USACAN.PFIVIS@USDOJ.GOV.

MAIL OPTION: U.S. ATTORNEY'S OFFICE
NORTHERN DISTRICT OF CALIFORNIA
ATTN: VICTIM WITNESS UNIT (JP)
450 GOLDEN GATE AVE., BOX 36055
SAN FRANCISCO, CA 94102

FAX OPTION: PLEASE INCLUDE A COVER SHEET TO (415) 436-7218