



U.S. Department of Justice
District of Nebraska
1620 Dodge Street
Suite 1400
Omaha, NE 68102
Phone: (402) 661-3700
Fax: (402) 345-1166

September 13, 2016



Re: United States v. Defendant(s) Patrícia Urbanovsky
Case Number 2015R00347 and Court Docket Number 16-CR-00052



The enclosed information is provided by the United States Department of Justice Victim Notification System (VNS). As a victim witness professional, my role is to assist you with information and services during the prosecution of this case. I am contacting you because you were identified by law enforcement as a victim during the investigation of the above criminal case. ***If you do not want to receive notices regarding this case, please go to the VNS website, use the VIN and PIN numbers listed below and option out of receiving future notices. You may also send a written request to this office to be removed from the mailing list.***

On September 9, 2016, defendant Patricia Urbanovsky pled guilty to the charges listed below. Any remaining counts will be disposed of at the time of sentencing. As a result of the guilty plea, there will be no trial involving this defendant.

<u>Number of Charges</u>	<u>Description of Charge(s)</u>	<u>Disposition</u>
16	Fraud by wire, radio, or television	Guilty

It is helpful for the Court to know the impact of this crime on its victims. In an effort to provide this information to the Court, we are enclosing a Victim Impact Statement. If you choose to complete a statement, please forward it to:

United States Attorneys Office
District of Nebraska
1620 Dodge Street
Suite 1400
Omaha, NE 68102

This is one way the Court can hear your concerns as they relate to the crime. A United States Probation Officer may also contact you in an effort to obtain additional victim impact information. Victim impact information is generally not public information; however, under criminal law and procedures, all information contained in your questionnaire will be disclosed to the defendant and his attorney. For cases with multiple defendants, the same Victim Impact Statement will be used for each defendant or you may complete separate Victim Impact Statement for each defendant. The Victim Impact Statement attachment can be found on the VNS Web Page using your VIN and PIN.


The sentencing hearing for defendant(s), Patricia Urbanovsky, has been set for December 19, 2016, 09:00 AM at in Courtroom 3, Roman L. Hruska Federal Courthouse, 111 South 18th Plaza, Omaha, NE before Judge Joseph Bataillon. You are welcome to attend this proceeding; however, unless you have received a subpoena, your attendance is not required by the Court. If you plan on attending, you may want to verify the date and time by using the VNS Call Center or website. If you are a victim of the charged offense(s) and wish to speak at sentencing, please call our office well in advance of the scheduled hearing date.

A United States Probation Officer prepares a report for the Court and may contact you to discuss the impact the crime had on you financially, physically, and/or emotionally. If you are contacted, please make every effort to provide accurate and detailed information.

Because of the Court's schedule, hearing dates could change on very short notice. If you plan on attending, you may want to call the VNS Call Center or check the website to confirm the date and time. Please note, there is a 24-hour delay in information transfer to the website.

Reminder: Please contact our office prior to appearing for this proceeding. It is not uncommon for the court schedule to change before we can notify you of the change in a timely manner. Your contact may save you an unnecessary trip to court. Email notification is a way to eliminate the delay in time of waiting for regular mail service. Through the Victim Notification System (VNS) we will continue to provide you with updated scheduling and event information as the case proceeds through the criminal justice system. You may obtain current information about this case on the VNS website at <https://www.notify.usdoj.gov> or from the VNS Call Center at 1-866-DOJ-4YOU (1-866-365-4968) (TDD/TTY: 1-866-228-4619) (International: 1-502-213-2767). In addition, you may use the Call Center or Internet to update your contact information and/or change your decision about participation in the notification program.

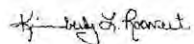
For many VNS registrants email will provide the most timely notification. VNS does not currently have an email address for you. You can provide VNS an email address by accessing the VNS Internet Web page using the login information provided below. By entering your email as part of the VNS registration process future notifications will be delivered by email, except in rare circumstances when you might also receive a letter from VNS. In order to continue to receive notifications, it is your responsibility to keep your contact information current.



Remember, VNS is an automated system and cannot answer questions. If you have other questions which involve this matter, please contact this office at the number listed above.

Sincerely,

DEBORAH R. GILG
United States Attorney



Kimberly Roewert
Victim Witness Specialist

Enclosures

VICTIM IMPACT STATEMENT

Victim:

USAO Number: 2015R00347

Court Docket Number: 16-CR-00052

Insert the impact of the crime here (or, if a separate victim impact form is attached, please use that form to describe the impact of the crime):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.