

INFORMATION REGARDING YOUR VICTIM IMPACT STATEMENT

No one knows better than you how this crime may have changed your life. Those of us involved in your case believe that it may be very helpful if you can assist the Court in understanding many of the ways this crime has affected you and those close to you. Sharing this information in a Victim Impact Statement and/or addressing the Judge at sentencing can be very effective ways of doing this. Your statement (or a summary of it) will become a formal part of the court record and as such can be seen by the defendant and his or her attorney.

In preparing your statement, you may wish to think about issues such as:

- Has your ability to relate to other people changed since the crime? If so, how?
- Have your feelings about yourself changed since the crime?
- How has the crime affected your lifestyle and that of your family or close friends?
- Has the crime affected your ability to earn a living?

The Judge will also be considering the matter of restitution in your case. Restitution is a Judge's order that a defendant make payment to you as the victim, for your actual financial losses resulting from the crime. The Judge may use this information in deciding what amount, if any, of restitution is appropriate for each victim. However, there is no guarantee that the defendant will be able to pay any amount even if it is ordered by the Judge. Restitution orders in criminal cases are independent of and different from monetary awards in civil cases.

If you have suffered medical expenses not fully covered by insurance; lost property, or had to repair property you have recovered; had money illegally taken, or experienced any additional financial expenses as a result of this crime, and would like the Judge to consider restitution, please complete the enclosed Financial Statement. Attach receipts for your losses whenever possible.

If you have any questions about the Victim Impact Statement or how it will be used by the criminal justice system, please call Dina DeBoer, Victim/Witness Coordinator, at 619-546-8921. Please complete and return your statement within the next **ten** days to the following address: **U.S. Attorney's Office, Attn: Dina DeBoer, 880 Front Street, Room 6293, San Diego, CA 92101** or fax it to **(619) 546-0720** or email to **Victim.Witness@usdoj.gov**. Dina will then forward it to the prosecutor and probation officer. **It is important that you return this information promptly so the probation officer can include your statement in the Presentence Report, which the probation officer provides to the judge for review before sentencing.**

- Please note the questionnaire may be double sided. Please make sure to answer all questions.

(Individual/Financial)



U.S. Department of Justice

RANDY S. GROSSMAN
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Southern District of California

Dina DeBoer
Victim-Witness Coordinator

(619) 546-9493
Fax (619) 546-0720

VICTIM IMPACT STATEMENT/FINANCIAL CRIME

If you need more space to answer any of the following questions, please feel free to use as many pages as you need attaching them to the Victim Impact Statement. Thank you very much.

United States v. Glenn Arcaro

Court Docket Number: 21-CR-02542-TWR; Case Number: 2021R03163

Name of Victim: _____

(Please print Legibly)

How have you and your family been affected by this crime? This may include both how you felt immediately after the crime and/or how you felt after some time has passed.

Have you or anyone on your behalf initiated bankruptcy as a result of this alleged crime? (____) YES / (____) NO. If yes, please state the case name, court location, and docket number, and status of the case.

Have you filed a civil suit against the defendant(s)? If yes, please list the case name, court location, docket number and current status of the case.

Have you received any money or assets from the defendant(s) as a result of this litigation? (____) YES / (____) NO. If yes, how much? (Attach verification.)

VICTIM IMPACT STATEMENT/FINANCIAL CRIME (Page 2)

Have you or members of your family received counseling or therapy as a result of this crime? Please explain.

Do you relate to people differently since the crime? Please explain.

Has the crime affected your family's livelihood and lifestyle? Please explain.

Have you experienced any of the following reactions to the crime: (PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION.)

☐ Anger; ☐ Anxiety; ☐ Fear; ☐ Grief; ☐ Guilt; ☐ Numbness;
☐ Sleep Loss; ☐ Nightmares; ☐ Appetite Change; ☐ Unsafe;
☐ Trouble Concentrating; ☐ Repeated Memory of Crime; ☐ Chronic Fatigue;
☐ Uncontrolled Crying; ☐ Depression

Please describe any other feelings you have had in response to the crime which you would like to share with the Judge. These may be either feelings you felt immediately after the crime, or those that you still feel.

Do you feel the defendant is or will be a threat to you, your family, or the community?
(☐) YES / (☐) NO. Please explain.

What else would you like the Judge to know about the defendant, or your situation as a result of the crime?

Would you like to address the court at the sentencing hearing?
(☐) YES / (☐) NO.

VICTIM FINANCIAL STATEMENT/FINANCIAL CRIME (Page 3)

1. Please list your actual financial losses from this crime. List only those items for which you have not been or do not expect to be repaid. Please attach receipts or other records whenever possible. (Use additional paper if needed.)

TOTAL ACTUAL LOSS \$ _____

2. Please list any amounts of money that have already been repaid by the defendant(s) in response to this crime.

3. Was any income lost as a result of the crime? If so, please state reason for the loss of income and estimate the total dollar amount lost. Indicate how your loss was calculated.

4. Have you been assessed any additional taxes, penalties or interest by the federal government as a result of this case? (____) YES / (____)NO. If yes, please explain.

5. If you have suffered any other expenses as a result of this crime, please list them below. Include such items as counseling, medical bills, etc. Please be specific and attach copies of receipts if possible.

I declare under penalty of law that the above information is true and correct.

Print Name: _____

Signature: _____

Date: _____

C O N F I D E N T I A L

PLEASE COMPLETE THIS PAGE

United States v. Glenn Arcaro

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The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and defense attorney.

Signature: _____

Printed Name: _____

Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Date of Birth: _____

Date: _____