

Re: *United States v. Erik Raymond Magana*
Docket No: 3:18CR386-RJC-001

The Mandatory Victims Restitution Act of 1996 provides that all identified victims directly and proximately harmed as a result of the commission of the offense in the above-entitled case receive notice of the following information:

The United States Probation Office for the Western District of North Carolina will be preparing a Presentence Report which will be submitted to the Court and reviewed by the defendant and defense counsel. The law permits you to file a separate affidavit relating to the amount of any losses you suffered that are subject to restitution. Attached is a declaration form which has the same legal effect as an affidavit but does not need to be notarized. The form also allows you to tell the Court how the crime affected you. Please complete this form if you wish to have this information included in the preparation of the Presentence Report.

**UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF NORTH CAROLINA**

United States)
)
v.) 3:18-CR-00386-RJC-001
)
Erik Raymond Magana)
)

Declaration of Victim Losses and/or Victim Impact

I, _____, am a victim in the above-referenced case and I
Name of Victim
believe that I am entitled to restitution in the total amount of \$_____.

_____ My specific losses as a result of this offense are summarized in the following pages.

_____ I have been compensated by insurance and/or another source with respect to all or a portion of our losses in the amount of \$_____. The name and address of my insurance company(s) and claim number(s) for this loss is listed in the following pages.

_____ I have included comments on how this offense has affected my life and that of my family in the following pages.

I declare under penalty of law that the information included in this Declaration is true and correct to the best of my knowledge.

Date _____ Signature _____

SUMMARY OF VICTIM LOSSES

Include supporting documentation for all claims – attach additional pages if necessary

Amount of Direct Monetary Loss:

List any medical expenses (include Provider of Care, Amount Paid by Insurance, and Amount Paid by You):

List name/address/tel. no. of health insurance company or other entity paying benefits (include account/claim no):

Are you currently in counseling/therapy?

Were you physically injured - will you be experiencing long-term medical treatment?

Report any lost wages (include Name/Address/Tel. of Employer; no. of lost hours, salary per hour, and total wages lost):

List any property lost, destroyed or damaged. (Note if damage was covered by insurance and if so, list insurance company, address, tel. no., contact person and claim number):

List miscellaneous expenses (may include child care or transportation costs incurred during the investigation or court appearances):

SUMMARY OF EXPENSES FOR PRIMARY VICTIM (not paid by insurance):

Total Amount Paid by Victim for Medical Expenses:

Total Lost Income or Wages:

Total Unreimbursed Property Loss:

Total Miscellaneous Expenses:

Total Unreimbursed Financial Loss:

SUMMARY OF EXPENSES PAID BY INSURANCE OR OTHER ENTITY (paid by insurance)

Total Amount Paid by Insurance for Medical Expenses:

Total Amount Paid by Insurance for Property Loss:

VICTIM IMPACT COMMENTS: Please include any comments regarding how this offense affected you or your family (attach extra sheets as needed).

Signature

Date

Printed Name