

VICTIM IMPACT STATEMENT

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, the victim impact statement below is provided to you. If you choose to complete this statement, please forward it to: Lori Vernali, Victim-Witness Coordinator, United States Attorney's Office, 157 Church St., 24th Floor, New Haven, CT 06510. You may also wish to write a letter not using this form, or if you chose, you may speak openly in court at the time of the sentencing.

Name: _____
Address: _____

United States v.
Docket No.
USAO No.

Please feel free to discuss any feelings that you may have experienced as a result of this crime.

How has this crime affected you and those close to you? Please feel free to discuss your feelings about what has happened and how it has affected your general well-being.

Please list your financial losses from this crime. If you have not been compensated for any of the financial losses that you have listed, please forward additional documentation.

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:

Please include any additional information you would like the Court to know about. Please continue your statement on a separate sheet of paper, if necessary.

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

DATE: _____ SIGNATURE: _____