

INDIVIDUAL VICTIM LOSS AFFIDAVIT

Please list any expenses you have incurred and/or have paid as a result of this crime. If a particular item below does not apply to you, write "Not Applicable" in the appropriate space. Attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

A. Crime Related Losses and/or Costs

1. List any losses you have sustained with the corresponding amounts (i.e. theft, damage or destruction of personal property, medical or mental health expenses, funeral expenses, and lost wages).

2. If you sustained any physical injuries, emotional trauma or other negative consequences as a result of the offense, *please* provide a written statement, addressing the court, detailing the nature and extent of the injuries or trauma and any effect it had or is presently having on your life. **Please attach your written statement to this form and return it to the United States Probation Office (USPO). The USPO will submit these statements to the court for consideration at sentencing.**

We encourage any victim who wants to be heard to take this opportunity to describe the impact of these offenses, as your input will enable the court to make a fully informed decision at sentencing. Because this will be a separate letter for the court's review, please also include the amount of your financial loss (from answer #1, above) in the body of the letter.

B. Money you were paid by Insurance, Victim Compensation or Other Sources (Whenever possible, attach copies of receipts of insurance payments.)

1. Insurance: \$ _____

Name of Company _____ Claim No. _____

Name of Claims Representative or Agent: _____

Address: _____

Phone No. _____

2. Insurance: \$ _____

Name of Company _____ Claim No. _____

Name of Claims Representative or Agent: _____

Address: _____

Phone No. _____

3. Insurance: \$ _____

Name of Company _____ Claim No. _____

Name of Claims Representative or Agent: _____

Address: _____

Phone No. _____

4. Other (list source, address, telephone number, and amount):

5. Have you applied for Crime Victim Compensation Benefits? Yes _____ No _____

If you received compensation as a result of your claim, list the amount, claim number, date received, and governmental agency that made the payment.

C. Civil Litigation

1. Have you filed a civil lawsuit due to injuries or financial losses sustained as a result of this crime? If so, what is the status of the case? Amount of recovery if applicable? Additionally, please provide the case number, court of jurisdiction, and location of court (city and state).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: home _____ work _____

I declare under penalty of perjury that the foregoing information contained in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____