

UNITED STATES v. \_\_\_\_\_  
USAO # \_\_\_\_\_  
Court Docket # \_\_\_\_\_

**VICTIM IMPACT STATEMENT FINANCIAL CRIME**

NAME: \_\_\_\_\_

VIN: \_\_\_\_\_

**Please check here if you are continuing these statements on an additional sheet of paper**

How have you and members of your family been affected by this crime?

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

Have you filed a civil suit against the defendant? If yes, please list the case name, court location, and docket number. \_\_\_\_\_

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

How has the crime affected you and your family's lifestyle? Please explain:

## VICTIM IMPACT STATEMENT FINANCIAL

Has the crime affected your family's livelihood? Please explain:

Have you experienced any of the following reactions to the crime:

PLEASE NOTE THAT THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION.

- Anger  Anxiety  Fear  Grief  Guilt  Numb  Sleep Loss  Nightmares
- Appetite Change  Trouble Concentrating  Repeated Memory of Crime
- Chronic Fatigue  Uncontrolled Crying  Depression

Please describe any other reactions to the crime committed.

Do you feel the defendant is or will be a threat to you, your family or the community?

- Yes  No If yes, please explain:

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

## VICTIM IMPACT STATEMENT FINANCIAL

**FINANCIAL IMPACT**

1. Please list financial losses from this crime. **Actual investment, this does not include, loss of interest, or expected profit. Any repayment or partial repayment of your investment, must be deducted from the amount declared as loss.** Please attach receipts or other records, amount of loss must be verified. (Use additional paper if needed.) \$ \_\_\_\_\_

2. Have you been assessed any additional taxes, penalties or interest by the federal or state government as a result of this case? If yes, please amount(s) and explain:

3. Have you or anyone on your behalf initiated civil action or bankruptcy action against any party as a result of this offense? If yes, please state the case name, docket number and court of jurisdiction.

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4. If you have suffered any other expenses as a result of this crime, please list them below. Include such items as counseling, medical bills, lost income and necessary child care, transportation, and other expenses related to participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. Please be specific and attach copies of receipts if possible.

COUNSELING \$ \_\_\_\_\_

MEDICAL \$ \_\_\_\_\_

LOST INCOME \$ \_\_\_\_\_

NECESSARY CHILD CARE \$ \_\_\_\_\_

TRANSPORTATION (RELATED TO COURT PROCEEDINGS) \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

If other please describe below:

## VICTIM IMPACT STATEMENT FINANCIAL

If you have any questions or require assistance, please contact your Victim Witness Specialist at the number listed in your notice.

I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Different Restitution Recipient  :

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE DOCUMENTATION TO SUPPORT YOUR LOSS CLAIM.  
KINDLY REFRAIN FROM USING STAPLES AS DOCUMENTS WILL BE SCANNED.