

United States v. _____ **Criminal Case Number:** _____

Name of Victim: _____

Date of Sentencing: _____

VICTIM IMPACT STATEMENT/FINANCIAL CRIME

How have you and members of 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.

Please continue this statement on an additional sheet of paper if you wish.

Have you initiated a bankruptcy action as a result of the alleged crime? ___ Yes ___ No If yes, please state the case name, court location, docket number, and status of the case.

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(s)? If yes, please list the case name, court location, docket number and current status of the case.

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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)

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 Numb Chronic Fatigue

Sleep Loss Nightmares Appetite Change Unsafe Uncontrolled Crying

Trouble Concentrating Repeated Memory of Crime 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 you still feel.

Do you feel the defendant(s) 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(s), or your situation as a result of the crime?

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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? 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.

Print Name: _____

Signature: _____

Phone: (hm)_____ (wk)_____

e-mail: _____

Date: _____