

UNITED STATES v. ROBERT J. ANDRES, DOCKET NO. 2:11-CR-00985

UNITED STATES v. ROBERT L. HOLLOWAY, DOCKET NO. 2:11-CR-00984

VICTIM NAME: _____

INDIVIDUAL VICTIM IMPACT STATEMENT/FINANCIAL CRIME

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

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

Have you or members of your family received counseling 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 crimes affected you and your family's lifestyle? Please explain. _____

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

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

If a victim consents, the Court may also make restitution in services in lieu of money, or make restitution to a person or organization designated by a victim. If you are interested in this option, please explain. _____

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.) Please differentiate any monies already repaid by a defendant.

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

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

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.

Signature: _____

Printed Name: _____

Date: _____

CONFIDENTIAL

United States v. _____

Case Number: _____

The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and attorney for the defendant.

Printed Name: _____

Signature: _____

Address _____

Phone: (hm) _____ (wk) _____

Fax: _____ E-Mail: _____