

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

In re: 1 Global Capital fraud scheme

United States v. Alan Heide, Case No. 19-CR-60231-RKA,
United States v. Jan Douglas Atlas, Case No. 19-CR-60258-RKA, and
United States v. Steven Allen Schwartz, Case No. 20-CR-60003-RKA.

Note: This form is being sent to victims and potential victims of the above-referenced criminal cases for the purpose of obtaining victim impact information, including information that will allow the Court to order restitution in this and related criminal cases pertaining the operation of 1 Global Capital LLC. This information will also be used in any related criminal cases filed in the future. Victims are requested to complete all sections of the form to the extent possible, including information related to financial losses incurred during the fraud, while also listing any amounts later returned or recovered during any subsequent bankruptcy or civil litigation, including the bankruptcy proceeding, *In re: 1 Global Capital LLC*, No. 18-BR-01438-RAM (the “bankruptcy case”).

VICTIM NAME: _____

1. Please list your actual financial losses from this crime. Please attach financial receipts or other records whenever possible. (Use additional paper if needed.) Supporting documentation such as financial records may not be required to obtain a restitution order, but will assist the Court in order to make an appropriate evaluation of your circumstances. 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 made any claim in the bankruptcy case, *In re: 1 Global Capital LLC*, No. 18-BR-01438-RAM (the “bankruptcy case”). How much have you claimed? How much, if any, have you received in distributions from the trustee in the bankruptcy case? Please provide any supporting documentation you have related to this.

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.

5. 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.

6. Apart from the bankruptcy case listed above, have you filed a civil suit against any of the defendants or persons affiliated with 1 Global Capital LLC? If yes, please list the case name, court location, and docket number.

7. Has this crime caused you to incur substantial financial hardship, such as a change in spending, work requirements or status, retirement planning, college savings, or other significant impact to you and/or your family's financial well-being? Please explain.

8. Do you relate to people differently since the crime? Please explain. _____

9. 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

10. Please describe any other reactions to the crime committed. _____

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

12. Would you like to be contacted by one of the assigned case agents to discuss this
matter further?

13. What else would you like the Judge to know about the fraud scheme involving 1 Global
Capital LLC, and the defendants in the related criminal cases, or your situation as a result of the
fraud scheme? _____

Signature: _____

Printed Name: _____

Date: _____

PLEASE MAIL THIS FORM BY U.S. MAIL BY JULY 1, 2020, TO:

Victim Witness Unit, USDOJ, Criminal Division, Fraud Section, Victim-Witness Coordination
1400 New York Avenue, N.W., #4218, Washington, DC 20005

OR SEND THE COMPLETED FORM AND ALL DOCUMENTS BY EMAIL TO:

victimassistance.fraud@usdoj.gov

**PLEASE CHECK THE BELOW WEBSITE FOR INFORMATION AND VICTIM
NOTIFICATIONS RELATED TO THESE CRIMINAL CASES:**

[HTTPS://WWW.JUSTICE.GOV/CRIMINAL-VNS/CASE/1GLOBAL-CAPITAL](https://www.justice.gov/criminal-vns/case/1global-capital)

CONFIDENTIAL

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The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office and U.S. Department of Justice, Criminal Division, unless a court order signed by the Judge authorizes the release of this page to the attorney for any of the defendants pursuant to a protective order limiting the use and dissemination of such information.

Printed Name: _____

Signature: _____

Address: _____

Phone: (cell) _____ (home) _____ (wk) _____

E-Mail: _____

PLEASE RETURN SIGNED FORM BY U.S. MAIL OR E-MAIL BY JULY 1, 2020