VICTIM IMPACT STATEMENT

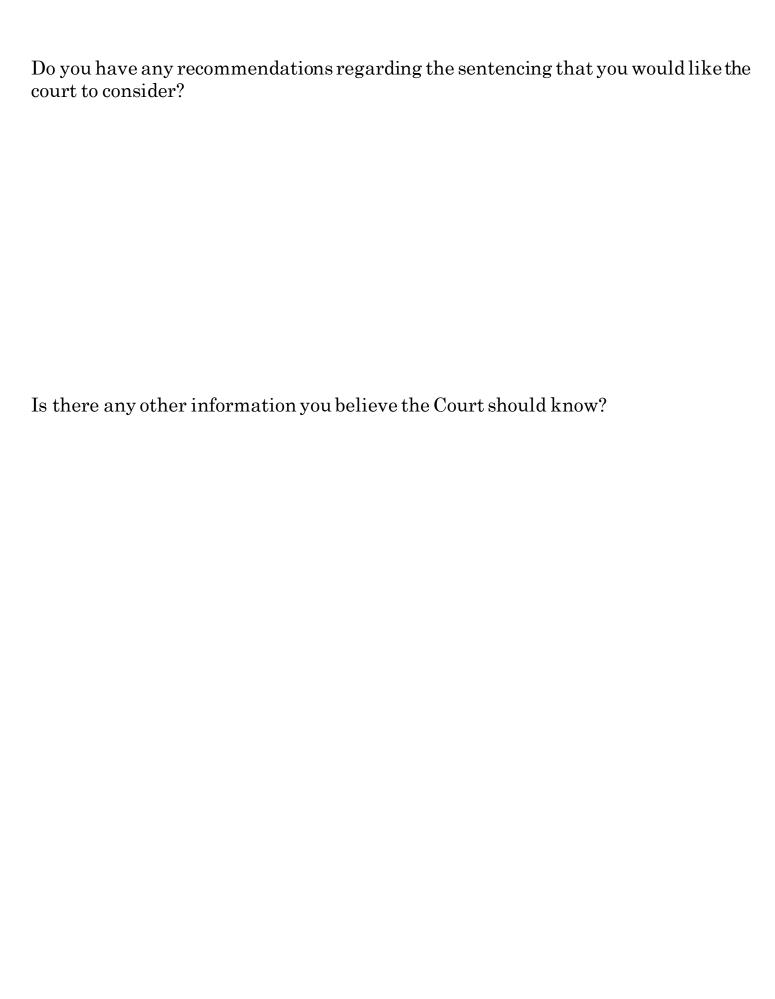
United States v. Yue Vang 22-CR-98

Name of Parent or Guardian:		
Contact information:		
Name of Minor:		
Address/City/State:		
Minor DOB:		

Victims have the right to be reasonably heard during public sentencing proceedings. One way to do that is to submit a victim impact statement that will be used by the Court, including to determine what punishment should be received by the defendants. If you want to provide a victim impact statement, the following are questions you may want to consider as you compose your statement. These questions are only intended to be a guide—you can answer as many or as few of them as you want to. You can also write a letter on a separate sheet of paper or continue this statement on additional pieces of paper, letting the Court know anything you think it should know about this case.

How has this crime affected you and/or your family members? —emotionally, physically, financially or in any other way?

305H-MP-2180923 Page 1 of 4



305H-MP-2180923 Page 2 of 4

$\frac{RESTITUTION\,REQUEST\,AND\,DECLARATION\,OF\,LOSS}{United\,States\,v.\,Yue\,Vang}$

22-CR-98

Your	name:		
Your	address:		
Your	telephone number:	Your email:	
Victin attach restit of th	are a victim in the above case, you as Restitution Act. Restitution may ned forms. The determination of restitution does not guarantee that you will e types of compensation you mijustice.gov/usao-mn	be ordered to you, whether or stitution will be made by the O l receive a restitution payment.	not you complete the Court and an order of A complete explanation
If you	choose to fill out a restitution reques	st, please complete the form belo	w.
1. □ Ple	Please use this portion of the formation paid as a result of this crime. evidence of the costs below. With the judge may not be able to order personal belongings that were crime, medical or counseling e with law enforcement, etc. Please check this box if you have no fi	Please attach copies of bill thout proper receipts or doo der restitution. Crime relat lost, destroyed, or damage xpenses, lost wages includi use attach additional pages of	ls, receipts or other cumentation of loss ed costs include any d as a result of the ng time off to meet if needed.
	ase officer this box if you have no if	nanolal 100000 ao a 100alt of thi	o orinic.
		Amount of Loss: Amount of Loss: Amount of Loss: Amount of Loss:	\$\$ \$ \$ \$ \$
		TOTALLOSS	Q

Page 3 of 4 305H-MP-2180923

Knowingly giving false information on this form is federal crime. I declare under penalty of perjury that the foregoing is correct and true, to the best of my knowledge.			
Date:	Your Signature:		

305H-MP-2180923 Page 4 of 4