



**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?

Do you have any recommendations regarding the sentencing that you would like the court to consider?

Is there any other information you believe the Court should know?

**RESTITUTION REQUEST AND DECLARATION OF LOSS**  
**United States v. Yue Vang**  
**22-CR-98**

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your telephone number: \_\_\_\_\_ Your email: \_\_\_\_\_

If you are a victim in the above case, you may be entitled to restitution under The Mandatory Victims Restitution Act. Restitution may be ordered to you, whether or not you complete the attached forms. The determination of restitution will be made by the Court and an order of restitution does not guarantee that you will receive a restitution payment. A complete explanation of the types of compensation you may be entitled to receive can be found here: [www.justice.gov/usao-mn](http://www.justice.gov/usao-mn)

If you choose to fill out a restitution request, please complete the form below.

1. Please use this portion of the form to list any financial losses you have had or paid as a result of this crime. Please attach copies of bills, receipts or other evidence of the costs below. Without proper receipts or documentation of loss, the judge may not be able to order restitution. Crime related costs include any personal belongings that were lost, destroyed, or damaged as a result of the crime, medical or counseling expenses, lost wages including time off to meet with law enforcement, etc. *Please attach additional pages if needed.*

**Please check this box if you have no financial losses as a result of this crime.**

_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____
_____	Amount of Loss: \$	_____

**TOTAL LOSS: \$** \_\_\_\_\_

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: \_\_\_\_\_