

Victim Impact Statement

**Deadline: January 26, 2018**

United States vs. Karim Baratov  
Case Number: CR 17-00103 VC (NDCA)

Name of Victim: \_\_\_\_\_

Email Address That Was Hacked: \_\_\_\_\_

Date Your Email Account was Hacked (month/year): \_\_\_\_\_

Country of Residence: \_\_\_\_\_

**If you are an international email account user who is located outside of the United States, please notify our office as soon as possible before any further communication. Please include your name and country of residence in your correspondence and send it to [USAEO.MCAP@usdoj.gov](mailto:USAEO.MCAP@usdoj.gov).**

Please continue these statements on an additional sheet of paper if you wish.

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

2. As a result of this incident, have you sustained a financial loss?

If yes, for each financial loss, please (a) list the specific amount, (b) provide a description, and (c) attach receipts or other records as verification.

This financial loss may include an amount equal to the value of your time spent in remediating the harm of your email account being hacked. This may also include items such 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.

3. For the financial losses listed, described, and supported with documentation in Item 2 above, what (if any) portion of the above losses were covered by insurance or some other form of reimbursement? Please list any money you were paid or expect to be paid.
  
4. Are there any comments you wish to make concerning the sentencing, restitution, or impact this crime has had on your business or personal life?

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If restitution is ordered by the Court, to whom should the check be made out and to what address should it be mailed?

Name: \_\_\_\_\_

Address of restitution recipient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

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I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed forms should be sent to [USAEO.MCAP@usdoj.gov](mailto:USAEO.MCAP@usdoj.gov) on or before **January 26, 2018**.