

United States of America v. Carlisle HMA, LLC, defendant (D-DC)

Court Docket Number: Crim No. 1:18-cr-00288-RBW-1

Hon. Reggie B. Walton, Presiding Judge

VICTIM NAME: _____

THE QUESTIONS IN THIS FORM ARE MERELY PROPOSED FOR YOUR CONSIDERATION. FOR ANY RESPONSE, IF EASIER, PLEASE FEEL FREE TO RESPOND SEPARATELY AND IN LETTER FORMAT, AND ON AS MANY SEPARATE PAGES AS NECESSARY. YOU MAY ALSO INCLUDE ANY OTHER INFORMATION YOU BELIEVE THE SENTENCING JUDGE SHOULD CONSIDER, BEYOND THOSE QUESTIONS PRESENTED IN THIS FORM.

1. **How have you, members of your family, and/or your company been affected by the defendants' crime?**

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- 2. Have you, members of your family, or members of your company received counseling as a result of the defendants' crime? Please explain.**

- 3. Have you or your company filed a civil suit against either or both of the defendants? If yes, please list the case name, court location, and docket number.**

- 4. Do you or does anyone from your company relate to or interact with people differently as a result of the defendants' crime? Please explain.**

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- 5. How has the defendants' crime affected you, your family, or your company, in terms of either (or both) a lifestyle impact on you and your family, or a business impact on your company? Please explain.**

- 6. Has the defendants' crime affected you or your family's livelihood, or if you have a company, in what way has this affected your company's way of conducting business? Please explain.**

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- 7. Have you or anyone from your company experienced any of the following reactions to the defendants' crime:**

***PLEASE UNDERSTAND THESE ARE NORMAL REACTIONS TO A TRAUMATIC
EVENT OR SITUATION.***

___ Anger ___ Anxiety ___ Fear ___ Grief ___ Guilt ___ Numb ___ Chronic Fatigue
___ Sleep Loss ___ Nightmares ___ Appetite Change ___ Unstable ___ Uncontrolled Crying
___ Trouble Concentrating ___ Repeated Memory of Crime ___ Depression

- 8. Please describe any other reactions, responses, or feelings about the defendants' crime.**

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9. Do you feel the defendants are or will be a threat or danger to you, your family, your company, or the community, either physically, economically, or both?

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

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- 11. If a victim consents, the Court may 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.**

- 12. Please list your actual financial losses as a result of the defendants' 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 the defendants.**

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- 13. Have you or your company been assessed any additional taxes, penalties, or interest by the federal or a state government as a result of this case? If yes, please explain.**

- 14. Have you, your company, or anyone on your behalf initiated civil action against any party (not necessarily limited to the defendants) as a result of the defendants' crime? If yes, please state the case name, docket number and court of jurisdiction.**

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15. If you or your company have suffered any other expenses as a result of the defendants' crime, please list them below. Include any and all such items, including but not limited to counseling, medical bills, lost income, necessary child care, transportation, and other personal or business expenses related to the involvement and 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.

CONFIDENTIAL

The address and telephone contact information provided below will only be provided to the presentence probation officer, and the U.S. Department of Justice, 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: _____

Fax: _____

E-Mail: _____