



U.S. Department of Justice

District of Nebraska
1620 Dodge Street
Suite 1400
Omaha, NE 68102
Phone: (402) 661-3701
Fax: (402) 345-1166

April 12, 2021

[Redacted]

Re: United States v. Defendant(s) Austin Thomas
Case Number 2020R00147 and Court Docket Number 20-CR-00139

Dear [Redacted]:

The enclosed information is provided by the United States Department of Justice Victim Notification System (VNS). As a victim witness professional, my role is to assist you with information and services during the prosecution of this case. I am contacting you because you were identified by law enforcement as a victim or potential victim during the investigation of the above criminal case.

On April 9, 2021, defendant Austin Thomas pled guilty to the charges listed below. Any remaining counts will be disposed of at the time of sentencing. As a result of the guilty plea, there will be no trial involving this defendant.

<u>Number of Charges</u>	<u>Description of Charge(s)</u>	<u>Disposition</u>
1	Theft of mail matter by officer or employee	Guilty

The sentencing hearing for defendant(s), Austin Thomas, has been set for July 2, 2021, 11:00 AM at in Courtroom 4, Roman L. Hruska Federal Courthouse, 111 South 18th Plaza, Omaha, NE before Judge Robert Rossiter. You are welcome to attend this proceeding; however, unless you have received a subpoena, your attendance is not required by the Court. If you plan on attending, you may want to verify the date and time by using the VNS Call Center or website. If you are a victim of the charged offense(s) and wish to speak at sentencing, please call our office well in advance of the scheduled hearing date. If you are requesting restitution, you will need to complete the enclosed Restitution Form. You can return it along with the Victim Impact Statement. The restitution form will be helpful to the Court in knowing to whom and where the restitution checks should be addressed if restitution is ordered by the Court. You can disregard the form if restitution is not relevant in this case.

A United States Probation Officer prepares a report for the Court and may contact you to discuss the impact the crime had on you financially, physically, and/or emotionally. If you are contacted, please make every effort to provide accurate and detailed information.

Because of the Court's schedule, hearing dates could change on very short notice. If you plan on attending, you may want to call the VNS Call Center or check the website to confirm the date and time. Please note, there is a 24-hour delay in information transfer to the website.

Reminder: Please contact our office prior to appearing for this proceeding. It is not uncommon for the court schedule to change before we can notify you of the change in a timely manner. Your contact may save

you an unnecessary trip to court. Email notification is a way to eliminate the delay in time of waiting for regular mail service. Through the Victim Notification System (VNS) we will continue to provide you with updated scheduling and event information as the case proceeds through the criminal justice system. You may obtain current information about this case on the VNS website at <https://www.notify.usdoj.gov> or from the VNS Call Center at 1-866-DOJ-4YOU (1-866-365-4968) (TDD/TTY: 1-866-228-4619) (International: 1-502-213-2767). In addition, you may use the Call Center or Internet to update your contact information and/or change your decision about participation in the notification program.

For many VNS registrants email will provide the most timely notification. VNS does not currently have an email address for you. You can provide VNS an email address by accessing the VNS Internet Web page using the login information provided below. By entering your email as part of the VNS registration process future notifications will be delivered by email, except in rare circumstances when you might also receive a letter from VNS. In order to continue to receive notifications, it is your responsibility to keep your contact information current.

You will use your Victim Identification Number (VIN) [REDACTED] and Personal Identification Number (PIN) [REDACTED] anytime you contact the Call Center and the first time you log into VNS on the website. If you are receiving notifications with multiple victim ID/PIN codes please contact the VNS Call Center. In addition, the first time you access the VNS website, you will be prompted to enter your last name (or business name) as currently contained in VNS. The name you should enter is [REDACTED]

Remember, VNS is an automated system and cannot answer questions. If you have other questions which involve this matter, please contact this office at the number listed above.

Sincerely,

Jan W. Sharp
United States Attorney



MaKayla Heard
Victim Witness Specialist

Victim Impact Statement

VICTIM NAME: _____

UNITED STATES V. _____

DOCKET NUMBER: _____

YOU MAY ADD MORE INFORMATION TO YOUR STATEMENT ON SEPARATE PAGES

1. As a result of this incident, were you physically injured? If yes, please describe the extent of your injuries.

2. Did you require medical treatment for the injuries sustained? Please detail the type of treatment, length of treatment or rehabilitation, name of physician or medical facility.

3. Were you psychologically injured as a result of this incident? Describe the impact this had on you, any counseling you have undergone and any cost of counseling.

4. Has this incident affected your lifestyle or your family's lifestyle?

5. Please describe what being the victim of a crime has meant to your family.

6. Has this incident affected your ability to earn a living? Please describe your employment and how it has affected you.

Victim Impact Statement

Financial Statement

I. DAMAGES (Attach Supporting Documents for All Damages Listed i.e. receipts, repair bills etc.)

a. List property lost, destroyed or damaged and its value.

_____ \$ _____
_____ \$ _____
_____ \$ _____

b. List Medical expenses relating to physical, psychiatric, or psychological care.

_____ \$ _____
_____ \$ _____
_____ \$ _____

c. Physical/Occupational Therapy Expenses:

\$ _____

d. List Lost Income or Wages:

\$ _____

e. List miscellaneous expenses - transportation, child care etc.

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL LOSS:

\$ _____

II. REIMBURSEMENT RECEIVED (Attach Supporting Documents)

a. Property Insurance:

\$ _____

b. Medical Insurance:

\$ _____

c. Other - List Source & Amount

_____ \$ _____
_____ \$ _____

TOTAL REIMBURSEMENT:

\$ _____

7. What are your feelings about the United States Attorney's Office or the criminal justice system in general, regarding this incident?

8. Do you have any thoughts or suggestions regarding a sentence that the court should impose?

Please attach copies of all records necessary to support the injuries and losses described above. This includes any medical bills, official records of days of employment lost, estimates or receipts for stolen or damaged property.

**THIS FORM IS SUBSCRIBED AND AFFIRMED BY THE VICTIM AS TRUE UNDER PENALTIES OF PERJURY.
(TITLE 18, U.S.C. § 1001)**

Date: _____

Signature: _____

PRIVACY ACT STATEMENT

Authority: There is no statutory authority for the collection of this information. This information is being supplied on a voluntary basis.

Purpose and Use: To obtain information regarding the impact of crime on a victim. This information could be used for requesting court ordered restitution and assisting the U. S.

Probation

Office in obtaining information for a pre-sentence investigation. Please note that the completed Victim Impact Statement will become part of the court file and subject to review by the defendant.

Effects of Non-Disclosure: Disclosure of this information is voluntary. Failure to disclose this information may result in an inadequate assessment of victims' needs for application of court ordered restitution.

Restitution Form

The following information is **NOT** a part of your Victim Impact Statement. This form will be provided to the Court if restitution is ordered as a part of the defendant(s) sentence.

Complete the information below if restitution is being considered on your behalf.

PLEASE PRINT

United States v. _____ Docket #: _____

Name: _____

Insurance Claim # (if applicable) _____

Address of restitution recipient: _____
(Address)

(Address)

(City/State/Zip)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date: _____ Signature: _____

It is your responsibility to notify, in writing, the Clerk of the District Court of any address change. Mail address changes to:

**Clerk of the U.S. District Court
111 South 18th Plza., Ste. 1152
Omaha, NE 68102**