

Declaration of Loss

United States v. Justin Cain

Case No. 18-CR-00017

Victim Name: _____

If you can establish that you have sustained a loss, please fill out the below "Victim Declaration" with an explanation of your loss and return the signed declaration to: Barb Williams, Victim Witness Program Manager, United States Attorney's Office, 222 W. Washington Avenue, Suite 700, Madison, WI 53703 or at usawiw.USvCain@usdoj.gov .

Additionally, as a victim of crime, you have a right to submit a victim impact statement which may help the Court in understanding how the crime directly affected you. A "victim impact statement" is simply a letter written that sets forth how this crime affected you. If you wish to submit a victim impact statement, please return the statement to Barb Williams at the address/email above.

Victim Declaration

I wish to be considered for an order of restitution _____ Yes _____ No

Amount of Loss sustained: \$ _____

Did an insurance company, bonding company or other source compensate you for any of expenses you have incurred as a result of this offense? If yes, please provide the amount of the loss you claimed, the amount covered and the claim or policy number of the source of coverage in the space below.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.

Date: _____

Signature: _____

Please attach copies of all records necessary to support the injuries and/or losses described above. This include any estimates of value of stolen property, and any receipts for replacement of stolen or damaged property.

Note: In the event that you are awarded restitution, it is your responsibility to notify the United States Attorney's Office in this district and the Court of any change in your mailing address while restitution is still owed. This information will be maintained confidentially.