

**UNITED STATES DISTRICT COURT  
NORTH CAROLINA WESTERN  
PROBATION OFFICE**

**Gregory A. Forest**  
Chief Probation Officer

*Reply to:*

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Deputy Chief Probation Officer

September 1, 2015

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**Lisa G. Morris**  
Deputy Chief Probation Officer

**Re:** United States v. Hannes Tulving, Jr. and The Tulving Company, Inc.

**Docket No.:** 3:15CR115

The Mandatory Victims Restitution Act of 1996 provides that all identified victims directly and proximately harmed as a result of the commission of the offense in the above-entitled case receive notice of the following information:

On August 20, 2015, the above-named defendant/company was convicted of Wire Fraud in violation of 18 U.S.C. § 1343. You will be notified when a sentencing date has been set. According to our records, you may be entitled to restitution. However, our office cannot guarantee that restitution, or any particular amount of restitution will be awarded to you at sentencing. This determination will be made by the Court.

The undersigned probation officer will be preparing a Presentence Report. You are asked to submit information concerning the amount of your losses to my attention at the above-noted address. A complete explanation of the type(s) of compensation you may be entitled to receive is included with this letter. All claims must be accompanied by supporting documentation. If you wish to have such information considered in the preparation of the Presentence Report, please complete the enclosed declaration form and return it to me no later than October 1, 2015. You may email them to me at **victimresponse-Tulving@ncwp.uscourts.gov** or mail them to my attention at the address noted above.

The law permits you to file a separate affidavit relating to the amount of loss subject to restitution. Enclosed is a declaration form which has the same legal effect as an affidavit but does not need to be notarized. In addition, our office would like to tell the Court how the crime affected you; therefore, Victim Impact information is included on the enclosed declaration form. The information you submit on the declaration form will be included in the presentence report submitted to the Court. The presentence report is not a public document; however, it is prepared for use by the Court, defendant, and prosecution. Therefore, information from your statement which is included in the presentence report will be seen by the defendant and his/her attorney. The statute provides that the burden shall be on the attorney for the Government to demonstrate your losses as a result of the offense. Therefore, a copy of this declaration form will be given to the US Attorney's Office.

The US Attorney's Office will contact you after sentencing. If you are awarded restitution by the Court in this case, you may request the Clerk of Court to issue an *abstract of judgment* certifying that a judgment has been entered in your favor in the amount specified in the order. There is a charge for this service. Upon registering, recording, docketing, or indexing the abstract in accordance with the rules and requirements relating to judgments of the Court of the State where the district court is located, the abstract of judgment shall serve as a lien upon the property of the defendant located in such a State in the same manner and to the same extent and under the same conditions as a judgment of a court of general jurisdiction in that State.

**In the event you are awarded restitution, it is your responsibility to notify the US Clerk of Court Office, Attn: Finance, 210 Charles R. Jonas Federal Building, 401 W. Trade Street, Charlotte, NC 28202, of any changes in your mailing address while restitution is still owed. This information will be maintained confidentially. Any restitution payments made by the defendant will be disbursed by the US Clerk of Court Office. Please reference the defendant's name and docket number as above on any correspondence to this office.**

Please understand that being awarded restitution is not a guarantee that you will receive compensation of losses from the defendant. The defendant's ability to pay the restitution is an obvious factor in whether you, as a victim, will receive restitution.

In the event you have additional questions or should your mailing address change prior to the disposition of this case, please feel free to contact me via email at **victimresponse-Tulving@ncwp.uscourts.gov** or by telephone at 704-883-1037.

Respectfully,  
s/ Barbara P. Carrigan  
Senior U.S. Probation Officer

Enclosures

Cc: Victim Witness Coordinator

## **Explanation of Losses Subject to Restitution**

The Mandatory Restitution Act of 1996 provides that you may be entitled to an order of restitution. The types of losses for which the statute provides restitution are explained below. You have the right to explain these losses in detail in the attached Declaration form.

In the case of an offense resulting in damage to or loss or destruction of property of a victim of the offense, the court may order: (1) the return of the property to the owner of the property or someone designated by the owner; or if return of the property is impossible, impractical, or inadequate, (2) the payment of an amount equal to the greater of (a) the value of the property on the date of the damage, or (b) loss, or destruction, or (c) the value of the property on the date of sentencing, less the value (as of the date the property is returned) of any part of the property that is returned.

In the case of an offense resulting in bodily injury to a victim, the court may order: (1) payment of an amount equal to the cost of necessary medical and related professional services and devices relating to physical, psychiatric, and psychological care, including nonmedical care and treatment rendered in accordance with a method of healing recognized by the law of the place of treatment; (2) payment of an amount equal to the cost of necessary physical and occupational therapy and rehabilitation; and (3) reimbursement to the victim for income lost by such victim as a result of such offense.

In the case of an offense resulting in bodily injury that also results in the death of a victim, the court may order payment of an amount equal to the cost of necessary funeral and related services.

In any case, the court may order reimbursement to the victim for 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.

In any case, if the victim (or if deceased, the victim's estate) consents, the court may order the defendant to make restitution in services in lieu of money, or to make restitution to a person or organization designated by the victim or the estate. (18 U.S.C. § 3663)

In addition, the victim may at any time assign the victim's interest in restitution payments to the Crime Victims Fund in the Treasury without in any way impairing the obligation of the defendant to make such payments. (18 U.S.C. § 3664)

If a victim has received compensation from insurance or any other source with respect to a loss, the court shall order that restitution be paid to the person who provided or is obligated to provide the compensation, but the restitution order shall provide that all restitution of victims required by the order be paid to the victims before any restitution is paid to such a provider of compensation. (18 U.S.C. § 3664).

**UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF NORTH CAROLINA**

|                                             |   |           |
|---------------------------------------------|---|-----------|
| United States                               | ) |           |
|                                             | ) |           |
| v                                           | ) | 3:15CR115 |
| Hannes Tulving Jr. and The Tulving Company, | ) |           |
| Inc.                                        | ) |           |

**Declaration of Victim Losses and/or Victim Impact**

I, \_\_\_\_\_, am victim in the above-referenced case and I  
Name of Victim  
believe that I am entitled to restitution in the total amount of \$\_\_\_\_\_.

\_\_\_\_\_ My specific losses as a result of this offense are summarized in the following pages.

\_\_\_\_\_ I have been compensated by insurance and/or another source with respect to all or a portion of our losses in the amount of \$\_\_\_\_\_. The name and address of my insurance company(s) and claim number(s) for this loss is listed in the following pages.

\_\_\_\_\_ I have included comments on how this offense has affected my life and that of my family in the following pages.

I declare under penalty of law that the information included in this Declaration is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Additional Pages May be Attached)

**SUMMARY OF VICTIM LOSSES**

Please state your **direct monetary loss** as a result of this crime below, attaching the proper substantiation records. Explain if necessary (continue on separate page if necessary).

**Amount of Direct Monetary Loss \$** \_\_\_\_\_

List medical/physical therapy/counseling, etc., expenses including: provider; amount paid by insurance, by Medicaid, or any other entity; and amount paid by you (attach statement from entity paying benefits to support your claim). Attach extra sheets as needed.

| <b>Provider of Care</b> | <b>Amount Paid by Insurance<br/>or Other Entity</b> | <b>Amount Paid by You</b> |
|-------------------------|-----------------------------------------------------|---------------------------|
| _____                   | \$ _____                                            | \$ _____                  |
| _____                   | \$ _____                                            | \$ _____                  |
| _____                   | \$ _____                                            | \$ _____                  |

**Name/Address/Telephone No.** \_\_\_\_\_  
**Of Health Insurance Company** \_\_\_\_\_  
**And/or Other Entity Paying** \_\_\_\_\_  
**Benefits** \_\_\_\_\_  
**Contact Person/Claim Number** \_\_\_\_\_

Are you currently in counseling/therapy? \_\_\_ Yes \_\_\_ No

If physically injured, will you be experiencing long-term medical treatment? \_\_\_ Yes \_\_\_ No

List **lost wages** below including: Name/address/telephone number of employer, number of hours lost/salary per hour, total wages lost (attach statement from employer to support your claim).

| <b>Name/Address/Telephone</b> | <b>Number of Employer</b> | <b>Number Hours Lost</b> | <b>Salary Per Hour</b> | <b>Total Wages Lost</b> |
|-------------------------------|---------------------------|--------------------------|------------------------|-------------------------|
| _____                         | _____                     | _____                    | \$ _____               | \$ _____                |
| _____                         | _____                     | _____                    |                        |                         |
| _____                         | _____                     | _____                    |                        |                         |

List **any property lost, destroyed or damaged** and its value (attach receipts, repair bills, etc). If these items are not available, please state and explain why. List any amounts paid by insurance.

| <b>Property</b> | <b>Value</b> | <b>Paid By<br/>Insurance</b> | <b>Unreimbursed<br/>Value</b> |
|-----------------|--------------|------------------------------|-------------------------------|
| _____           | \$ _____     | \$ _____                     | \$ _____                      |
| _____           | \$ _____     | \$ _____                     | \$ _____                      |

**Name/Address/Telephone No of Insurance** \_\_\_\_\_  
**Company Paying Benefits** \_\_\_\_\_  
**Contact Person/Claim Number** \_\_\_\_\_

List **miscellaneous expenses** (type and amount). Include such items as child care during court appearances, transportation costs during the investigation, etc.

| <b>Type of Expense</b> | <b>Amount of Expense</b> |
|------------------------|--------------------------|
| _____                  | \$ _____                 |
| _____                  | \$ _____                 |
| _____                  | \$ _____                 |

**SUMMARY OF EXPENSES (THOSE NOT PAID BY INSURANCE) AS LISTED ABOVE FOR PRIMARY VICTIM:**

|                                                  |          |
|--------------------------------------------------|----------|
| Total Direct Monetary Loss                       | \$ _____ |
| Total Amount Paid by Victim for Medical Expenses | \$ _____ |
| Total Lost Income or Wages                       | \$ _____ |
| Total Unreimbursed Property Loss                 | \$ _____ |
| Total Miscellaneous Expenses                     | \$ _____ |

**TOTAL UNREIMBURSED FINANCIAL LOSS FOR PRIMARY VICTIM: \$ \_\_\_\_\_**

**SUMMARY OF EXPENSES PAID BY SECONDARY VICTIM(S) (INSURANCE OR OTHER ENTITY) AS LISTED ABOVE:**

|                                                                     |          |
|---------------------------------------------------------------------|----------|
| Total Amount Paid by Insurance or other Entity for Medical Expenses | \$ _____ |
| Total Amount Paid by Insurance for Property Loss                    | \$ _____ |

