UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
UNITED STATES PROBATION OFFICE

MARY ANNE VOGEL
CHIEF U.S. PROBATION OFFICER
401 Courthouse Square, Third Floor
Alexandria, Virginia 22314-5797
(703) 299-2300

May 14, 2012

REPLY TO:
Third Floor
U.S. District Courthouse
401 Courthouse Square
Alexandria, Virginia 22314
(703) 299-2300

To Whom It May Concern:

RE: United States v. Stanley Shew-A-Tjon **Docket No. 1:11CR596**

The Mandatory Victims Restitution Act of 1996 requires the Federal Probation Office to provide notice of the following information to all identified victims harmed as the result of the commission of a Federal offense. Our records indicate you may be a victim of the above-cited matter. As such, you are encouraged to prepare the enclosed declaration which will be submitted to the Court by our office on your behalf.

On February 17, 2012, defendant **Stanley Shew-A-Tjon**, was convicted of Securities Fraud, in violation of 15 U.S.C. §§78j(b) and 78ff and 17 C.F.R. §240.10b-5. A sentencing hearing is presently scheduled for May 25, 2012, at 9:00 a.m. at the U.S. District Court, located at 401 Courthouse Square, Alexandria, Virginia 22314-5798 before the Honorable James C. Cacheris, United States District Judge . Your attendance at this proceeding is not required, but you are welcome to attend if you choose. If you attend, you may be given an opportunity to speak directly to the Judge regarding the emotional, physical, or monetary impact of this crime on you or your family.

Whether or not you elect to attend the sentencing proceeding, you have the right to submit the enclosed victim declaration relating the harms and costs you have incurred as a result of the above offense(s). 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. That determination will be made by the Court. It may be helpful to review the enclosed Explanation of Losses Subject to Restitution before completing the Declaration of Victim Losses and accompanying worksheet. If you wish to exercise your right to submit these forms, please return them to the above address.

In the event you are awarded restitution by the Court in this case, it is your responsibility to notify the U.S. Attorney's Office in this district and the Clerk of the Court of any change in your mailing address while restitution is still owed. This information will be maintained confidentially.

Re: United States v. Stanley Shew-A-Tjon

Finally, if you are awarded restitution by the Court, you may request that the Clerk of the Court issue an Abstract of Judgment to you, certifying that a judgment has been entered in your favor in the amount specified by the Court. When the Abstract is registered, recorded, docketed, or indexed in accordance with State law, it acts as a lien upon the property of the defendant within the State, and is enforceable in the same manner and to the same extent as a judgment of a court of general jurisdiction.

For your convenience, the address of the various offices referred to above are included below:

U.S. Probation Office
401 Courthouse Square
Alexandria, Virginia 22314

U.S. Clerk of the Court
401 Courthouse Square
Alexandria, Virginia 22314-5798

U.S. Attorney's Office
2100 Jamieson Avenue
Alexandria, Virginia 22314-5794

In the event you have additional questions, please feel free to contact me.

Sincerely,

Kelly M. Smihal
U.S. Probation Officer

KMS/
Enclosures

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

Declaration of Victim Losses

United States	)	
	)	
v.	)	**1:11CR596**
	)	**(Case Number)**
Stanley Shew-A-Tjon	)	

I,_____, residing at _____,
in the city (or county) of _____, in the State of _____,
am a victim in the above-referenced case and I believe that I am entitled to restitution in the total amount of $_____. The company's specific losses as a result of this offense are summarized as follows:

(Please itemize each loss)

I have been compensated by insurance or another source with respect to all or a portion of my losses in the amount of $_____. I have marked above those losses for which I have been compensated with a check (✓). The name and address of my insurance company (or other compensator) and the claim number for this loss is as follows:

Insurance Co. (or other Compensator)	**Address**	**Telephone #**	**Account and/or Claim #**

I declare under penalty of perjury that the foregoing is true and correct.

_____
(Signature)

Executed on _____ day of _____,
at (City/County)_____, (State)_____.

(Additional Pages May be Attached if Necessary)

Explanation of Losses Subject to Restitution

In accordance with Federal law, you may be entitled to an order of restitution for certain losses suffered as a result of the commission of the offense(s) for which the defendant was convicted. 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 enclosed *Declaration of Victim Losses*.

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: 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, the Court may order payment in an amount equal to the greater of the value of the property on the date of the damage, loss, or destruction, or 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: Payment of an amount equal to the cost of necessary medical and related professional services and devices related to physical, psychiatric and psychological care, including non-medical care and treatment rendered in accordance with a method of healing recognized by the law of the place of treatment; payment of an amount equal to the cost of necessary physical and occupational therapy and rehabilitation; and 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 a case involving a conviction of 18 U.S.C. §§ 2243 (sexual abuse of a minor), 2251 (sexual exploitation of children) or 2261 (domestic violence), the Court may order restitution for any losses suffered by a victim, including, in addition to those listed above, costs for medical services relating to physical, psychological care, physical and occupational therapy or rehabilitation, necessary transportation temporary housing, child care expenses, lost income, attorney's fees, as well as other costs incurred, and any other losses suffered by a victim from the offense.

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 the victim is deceased, the victim's estate) consents, the Court may order the defendant to make restitution in services in lieu of money, or make restitution to a person or organization as designated by the victim or the victim's estate.

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. If the 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.

UNITED STATES PROBATION OFFICE

EASTERN DISTRICT OF VIRGINIA

DECLARATION OF VICTIM LOSSES WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply in your case. Please attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

A. Crime Related Losses and/or Costs (Business)

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply in your case. Please attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

A. Crime Related Losses and/or Costs (Individual)

1. List your loss of personal property or belongings resulting from this crime, including damage to or destruction of your property. You may also include expenses associated with your losses.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

2. List any medical expenses incurred as a result of this crime. You may wish to include expenses for doctors, medications, hospitalization, physical or occupational therapy, counseling, psychiatric treatment, medical supplies, etc.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates. Attach an estimate of these costs from the provider.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

4. If there were any funeral expenses, please list them.

_____ $ _____

5. Please list other related expenses which you incurred. You may wish to include such items as child care, transportation costs for medical treatment or court appearances, fees incurred with banks and credit card companies, etc.

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

6. Please indicate the total amount of money you lost in wages, if applicable. This may include income or wages lost due to inability to work because of the crime, attending court, or visits to your doctor or therapist.

Amount of lost wages or income: $_____

B. Money you were paid by insurance, victim compensation, or other sources. Whenever possible, attach copies of receipts of insurance payments.

1. **Personal**

Property, auto, or homeowners insurance: $_____
Name of company_____ Claim No._____
Address_____ Phone No._____
Medical insurance: $_____
Name of company_____ Claim No._____
Address_____ Phone No._____

Other--list sources and amounts:
_____ $_____

2. Have you applied for crime victim compensation benefits? Yes _____No_____

If you received compensation as a result of your claim, please list the amount:
$_____

Total money received from insurance, crime victim compensation, and other sources: $_____

****

Upon completion of this worksheet, please attach it to your Declaration of Victim Losses, Modified Probation Form 72; and return it within 5 days to the U.S. Probation Office.

PERSONAL

Name:_____ Signature: _____ Date:_____

Address:_____ City: _____ State:_____ Zip Code:_____

Home Telephone Number: Work Telephone Number:_____