

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

MARY R. FARASHAHI
CHIEF U.S. PROBATION OFFICER
600 Granby Street, Suite 200
Norfolk, Virginia 23510-1922
(757) 222-7300

April 27, 2021

REPLY TO:
Suite 200
U.S. District Courthouse
600 Granby Street
Norfolk, Virginia 23510
(757) 222-7300

RE: United States v. Tia C. Baptiste

Docket No. 0422 2:19CR00182-001

Dear Madame/Sir:

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 your business or corporation may be a victim in the above-cited matter. As such, you or a designated representative of your business/corporation are encouraged to prepare the enclosed declaration which will be submitted to the Court by our office on your behalf.

On March 3, 2021, defendant Tia C. Baptiste, was convicted of Aggravated Identity Fraud. A sentencing hearing is presently scheduled for July 13, 2021, at 09:30 a.m. the U.S. District Court, located at 600 Granby Street, Norfolk, VA 23510 before The Honorable Roderick C. Young, United States District Judge. Your attendance at this proceeding is not required, but you or a representative of the business/corporation are welcome to attend if you choose. If you attend, you may be given an opportunity to speak directly to the Judge regarding the impact of this crime on behalf of your business/corporation.

Whether or not you elect to attend the sentencing proceeding, you or a designated representative have the right to submit the enclosed victim declaration on behalf of your business/corporation relating the harms and costs incurred as a result of the above offense(s). According to our records, your business/corporation 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 your business/corporation wishes to exercise its right to submit these forms, please return them to the above address no later than May 15, 2021.

In the event your business/corporation is 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 the business'/corporation's mailing address while restitution is still owed. This information will be maintained confidentially.

Finally, if your business/corporation is awarded restitution by the Court, you may request that the Clerk of the Court issue an Abstract of Judgment, certifying that a judgment has been entered in your favor in the amount specified by the Court. When the Abstract is registered, recorded,

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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

Suite 200, 600 Granby Street,
Norfolk, VA 23510

U.S. Clerk of the Court

600 Granby Street,
Norfolk, VA 23510

U.S. Attorney's Office

8000 World Trade Center, 101 West Main Street
Norfolk, Virginia 23510-1651

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

Sincerely,

/s/ Shannon E. Gerard

Shannon E. Gerard
U.S. Probation Officer

SEG/seg

Enclosures

**UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA**

Declaration of Victim Losses

United States)	
)	
v.)	0422 2:19CR00182-001
)	(Case Number)
Tia C. Baptiste)	

I, _____, as an authorized representative of _____, located at _____ in the city (or county) of _____, in the State of _____, declare that said company is a victim in the above-referenced case and believe that the company is 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 <u>Compensator</u>)	<u>Address</u>	<u>Telephone #</u>	<u>Account and/or Claim #</u>
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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)

1. If your business/institution sustained financial loss as a result of this incident, please describe the nature and extent of your losses. Please provide specific figures if possible.

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

2. If your business/institution was adversely affected in ways other than financially, please provide an explanation of these circumstances below.

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

B. Money your business was paid by insurance, victim compensation, or other sources. Whenever possible, attach copies of receipts of insurance payments.

1. If your business sustained financial losses, what portion was covered by insurance or some other form of reimbursement?

\$ _____

Name of company _____

Claim No. _____

Address _____

Phone No. _____

2. Has your business applied for crime compensation benefits? Yes _____ No _____

If your business received compensation as a result of its 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.

BUSINESS

Name: _____ Signature: _____ Date: _____

Official Capacity: _____

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

Home Telephone Number: _____ Work Telephone Number: _____