VICTIM/IMPACT STATEMENT

Defendant Name: _____

Case Number: _____

Victim's Name: _____

Address: _____ Phone (H) _____

(P.O Box if applicable) _____ (C) _____

Email: _____ (W) _____

PROPERTY DAMAGE/LOSS

Please list property lost or damaged as a result of this crime (attach bills, receipts, estimates, etc.):

Item	Value	Item	Value
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

Did an insurance company reimburse you for your total loss/damage? Y N

If no, what is the amount that insurance did NOT cover? Amount $_____

Did you have to pay a deductible (out-of-pocket)? Y N Amount$_____

Insurance Company, Agent, Phone: _____

Policy Number: _____

What was your total out-of-pocket cost/expense for lost/damaged property? Amount $_____

PHYSICAL INJURY

Did you receive any medical treatment as a result of your injuries? Y N

Did insurance cover your medical expenses (all or part)? Y N

What was your total out-of-pocket medical expense (attach bills/estimates)? Amount $_____

If you suffered physical injury or disability as a result of this crime, please describe: _____

_____

_____

If you were hospitalized because of your injuries, give the length of time at the hospital and physician:

_____

If you received additional treatment (other than hospital), please list physician and phone number:

_____

Do you anticipate additional out-of-pocket medical expenses in the future? Y N Amount $_____

If no, can you project an approximate amount of time needed for medical treatment? Y N Time: _____

Medical Insurance Company and Phone Number: _____

Policy Number: _____

MENTAL/EMOTIONAL INJURY

Describe any psychological or psychiatric services which you have been or may be required by you or your family as a result of this offense (please attach bills/receipts):_____

_____

_____

Name of Doctor/Counselor: _____ Phone: _____

Describe any changes which may have occurred in your personal welfare or family relationships as a result of this offense:

_____

_____

_____

ADDITIONAL INFORMATION

If there is any additional information relating to the impact of this crime that you would like to provide to the court, please do so below. If you require additional space, please attach additional pages: _____

_____

_____

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Signature:_____

Date:_____