



VICTIM FINANCIAL IMPACT STATEMENT

NAME _____ Defendant _____

Case # _____ Date _____

Please use this form to list any expenses you have had or you have paid personally as a result of this crime and any reimbursement you have received. Please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. You may attach additional pages as necessary. If you need assistance completing this form please contact your Victim Advocate or Case Agent.

1. List any medical expenses incurred as a direct result of this crime. (Doctors, hospital, medications, counseling, etc.)

DATE	PROVIDER	AMOUNT

2. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime. (Broken windows and doors, phones, replacing locks, etc.)

DATE	ITEM	AMOUNT

3. Please describe any future medical or counseling costs your doctor or counselor expects you to have and attach an estimate.

PROVIDER	AMOUNT

4. Please list any other expenses. (Funeral, child care during court appearances, transportation costs, etc.)

DATE	ITEM	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If you lost wages or income because you were unable to work as a direct result of the crime, had doctor or counseling visits, or attended court, please indicate the total amount of money lost. (Attach documentation from an employer or other source.)

DATE	#of HOURS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REIMBURSEMENT

6. Please list the amount of money you have received from Crime Victim Compensation, insurance companies, (homeowners, health, auto, etc.) or any other sources as a direct result of the crime.

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature