VICTIM IMPACT STATEMENT

Colorado allows victims of crime to submit a statement which describes the impact of the crime(s) on the victim and/or his/her family. This statement may be considered by the court in deciding a sentence. Please complete all parts of this form which apply to you; add pages if necessary. Please be accurate and complete; attach supporting documentation or verification.

Date Mailed: **If you HAVE NOT filled out this form before,** **PLEASE DO SO AND RETURN IMMEDIATELY TO:** **Victim Services** **Office of the District Attorney** **(find your local D.A. office address on this website)**	Next Event: Victim/Notification Person: Defendant/Case#: Dist. Attorney:

I DO NOT wish to complete this Victim Impact Statement ( )
I PLAN TO BE PRESENT AT SENTENCING ( ) YES ( ) NO

PLEASE DESCRIBE THE INCIDENT IN WHICH YOU WERE THE VICTIM: Attach additional pages as needed.

_____
_____
_____
_____

EFFECTS OF THIS CRIME ON YOU AND YOUR FAMILY: Please describe injuries, losses, and overall effects of this crime on you, your family, and/or your business. Include things like fears and lifestyle changes. Attach additional pages as needed.

_____
_____
_____
_____

SENTENCING CONSIDERATIONS: Add your thoughts about what you would like the judge to consider at sentencing. Attach additional pages as needed. _____
_____
_____
_____
_____

RECOVERED PROPERTY: If your property was recovered by police, list item(s) and indicate whether it was returned to you. Attach additional pages as needed.

ITEM	**Returned:**	
	Yes ( ) No ( )	**After sentencing, call the District Attorney's Office to get your property released to you.**
	Yes ( ) No ( )	
	Yes ( ) No ( )	

MONETARY LOSSES – Please indicate below any monetary losses <u>you sustained</u> which you think are directly linked to the defendant's actions in this crime.

MEDICAL/DENTAL/THERAPY COSTS: List the bills you had because of this crime. Include doctor, clinic, hospital, and/or ambulance that treated you and prescription fees. Please document these losses with receipts. Attach additional pages as needed.

List Name of Doctor(s)/Hospital/Ambulance Treatment given	Amount Billed
	$
	$
Total	$

PERSONAL/BUSINESS PROPERTY LOSS/DAMAGES: Describe what was stolen, lost or damaged (cash, goods, car, credit cards, checks). We need copies of your receipts, if you have them. Attach additional pages as needed.

Description of Loss	Loss Amount
	$
	$
Total	$

VICTIM COMPENSATION: Have you applied to Victim Compensation? Yes ( ) No ( )

OTHER LOSSES: Please indicate below any **other monetary losses** you sustained which you think are directly linked to the defendant's actions in this crime. You must document these losses with receipts. Keep a copy of whatever documentation you send us for your records. If the defendant disagrees with the losses you indicate, s/he may request a Restitution Hearing. If a Restitution Hearing is set, you will be subpoenaed to testify and will need to provide documentation of your losses. At the hearing, you will need to show the Judge that the losses you reported are convincingly justified and that you took reasonable steps to minimize the replacement compensation of your losses.

Description of Loss	Loss Amount

CLAIM FOR RESTITUTION: The District Attorney's **<u>WILL NOT</u>** process your request for restitution without supporting documents. (ie: receipts or official estimates)

YOUR TOTAL LOSS ("Restitution") $_____

____Please check here if your Insurance Company paid on ANY of the above bills.

CERTIFICATION & RELEASE: I do hereby swear that the following information is true and correct to the best of my knowledge and belief. Further, I authorize release of information by the above named insurance companies / medical providers to the 5th Judicial District Attorney's Office for the purposes of establishing restitution figures.

Signature:_____ Dated:_____

Printed Name:_____ Title:_____

A copy of this statement will be provided to the Court, defendant or defense council and District Attorney.
If you address changes let us know right away, even if the case is closed. If restitution is paid months/years from now, we will need a current, correct address.

INSURANCE STATEMENT OF LOSS
RESTITUTION INFORMATION

OFFICE OF THE DISTRICT ATTORNEY, FIFTH JUDICIAL DISTRICT
VITIM SERVICES DEPT.
(find your local D.A. office address on this website)

Your Insured/Injured Party_____

Defendant/responsible Party_____

Court Case # _____ **Attorney** _____

Next Event _____

THIS FORM NEEDS TO BE SUBMITTED TO OUR OFFICE AT LEAST 5 DAYS PRIOR TO THE DEFENDANT'S COURT DATE LISTED ABOVE.

The 5th Judicial District Attorney's Office has charged the defendant/responsible party in this criminal case. Your insured is a victim. Since the insurance company may also have incurred a loss as a direct result of this criminal case, those losses can be reported for purposes of restitution. All amounts claimed must be fully documented and must be directly linked to the defendant's actions during this specific criminal incident. Please complete this form and attach supporting documentation or verification. You may be subpoenaed to testify if a Restitution Hearing is held in this matter. If you have questions, contact the Victim Services Dept. at the number listed above.

Claim Number: _____

Total Amount of Claim: $_____ **(include copies of original claim)**

Payout By Insurance: $_____ **(include copies of drafts)**

LESS Deductible Paid By Insured: --$_____

LESS Sales Proceeds --$_____ **(include receipts/debits to gross sale)**

Status of Claim: Open/Closed/Pendng, Explain _____
_____
_____

LOSS PAYOUT $_____
This figure does not include your insured's deductible or sales proceeds. Your insured has been sent a Restitution Information Form to advise us of their personal loss.

CERTIFICATION: I, as an authorized representative of the insurance company referenced herein, do hereby swear that the information provided is true and correct to the best of my knowledge and belief.

Signature:_____ **Date:**_____

Printed Name:_____ **Title:**_____

Phone Number:_____

ADDRESS & PHONE for forwarding restitution: include ATTN: if necessary._____
_____
_____