



VICTIM IMPACT STATEMENT
Office of the District Attorney, 17th Judicial District
1000 Judicial Center Dr, Brighton, CO 80604

PLEASE COMPLETE THIS FORM AND RETURN IT AS SOON AS POSSIBLE

Date Mailed:

Next Event:

Return to:
Victim Witness Unit
Office of the District Attorney, 17th Judicial District

Notification Person:
Defendant's Name:
Case No.
Division:

A copy of this Statement will be provided to the Court, defendant/or defense counsel and the District Attorney

Under C.R.S.24-4.1-302.5 (g) a victim has the right to make a written and/or oral impact statement relating the harm that the victim has sustained as a result of the crime. Please complete all parts of this form which apply to you. If you are requesting restitution for losses sustained as a result of this crime, attach copies of all bills, receipts, invoices and estimates.

Do you wish to complete this form?

YES (complete the sections pertaining to your crime)

NO (you do not wish to claim losses, sign last page)

Do you plan to be present at sentencing?

YES NO

PART I. EFFECTS OF THIS CRIME ON YOU/YOUR FAMILY: Please describe injuries, losses, and the overall effects this crime has had on you, your family, and/or your business. Include any fears or lifestyle changes. Attach additional pages as needed.

PART II. SENTENCING CONSIDERATIONS: Share any thoughts or issues you would like the judge to consider at sentencing. Attach additional pages as needed.

RESTITUTION

PART III. MEDICAL/DENTAL/THERAPY COSTS: If you were injured as a result of this crime, list the bills you incurred. Include doctor, hospital, clinic, ambulance and prescriptions billed to you. Indicate any insurance payments. List YOUR ACTUAL LOSS in the last column. Attach copies of receipts and add additional pages as needed.

List Name of Doctor(s)/Hospital/Ambulance Treatment Given	Amount Billed	(-) Amount Paid by Insurance	Your Actual Loss/Co-Pay
TOTALS	\$	\$	\$

PART IV. PERSONAL/BUSINESS PROPERTY LOSS/DAMAGES: If there was property loss/damage suffered by you as a result of this crime describe what was stolen, lost or damaged (cash, goods, car, credit cards, checks, etc.). Estimate what the property WAS WORTH WHEN IT WAS LOST (based on condition, age). Subtract what was covered by insurance. Show YOUR ACTUAL LOSS in the last column. Attach copies of receipts and/or written estimates, if available. Add additional pages as needed.

Describe	Amount Billed	(-) Amount Insurance Pd	Your Actual Loss/Co-Pay
TOTALS	\$	\$	\$

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

Item	Returned			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

After sentencing call the District Attorney's Office to get your property released.

PART V. INSURANCE: By law we may ask that the defendant repay your insurance company too, but we need your help.

MEDICAL INSURANCE: Company Name:

Agent/Adjuster Name:

Phone #:

Claim Number

CAR/HOME OWNER'S INCURANCE: Company Name:

Agent. Adjusters Name:

Phone #:

Claim Number

VICTIM COMPENSATION: Have you applied to Victim Compensation? If so, how much did it pay? \$

PART VI. CLAIM FOR RESTITUTION

YOUR CLAIM FOR RESTITUTION (include receipts, estimates)

Medical Expenses (You Paid) \$ _____

Property Loss/Damages (You Paid) \$ _____

YOUR TOTAL LOSS ("Restitution") \$ _____

Crime costs in many ways. Without your information, we cannot ask the judge for restitution. The law says the court shall order the defendant to make FULL RESTITUTION to the victim for actual damages. The judge may not order all the losses/damages you list. Keep in mind the defendant has a right to question each loss at a court hearing on restitution. You may have to testify if the defendant is granted a hearing.

CERTIFICATION & RELEASE: I do hereby swear that the above 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 18th Judicial District Attorney’s Office for purposes of establishing restitution figures.

Signature: _____ Dated: _____

PRINTED Name: _____ Title: _____