

Victim Name: _____

COMPANY NAME _____ STORE CASE# _____
WHERE RESTITUTION SHOULD BE SENT _____

STATEMENT OF LOSS

DEFENDANT/OFFENDER NAME _____ CASE NO. _____

LIST YOUR LOSSES BELOW. *Please attach copies of any bills, receipts, and estimates that document your loss. This may include property loss or damage, medical treatment, and/or counseling.* FAILURE TO RETURN ALL OF THIS INFORMATION REQUESTED ALONG WITH THE RESTITUTION INFORMATION COULD RESULT IN NO RESTITUTION BEING ASKED ON YOUR BEHALF. Please return this restitution statement into our office **UPON RECEIPT OF THIS LETTER**. If you have any questions regarding this matter, please contact the Victim/Witness Office at (620) 272-3568

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

You may list any additional losses on a separate sheet of paper.

Insurance Information

Have you filed a claim with your insurance company regarding this incident? YES NO
If yes, please complete the information below:

_____ Insurance Company & Agent

_____ Policy and Claim Number

_____ Address of Insurance Company

_____ Telephone Number

_____ Amount of Deductible

_____ Amount Paid by Insurance Company

Please include copies of insurance forms showing your deductible and how much they paid for your losses.

TOTAL LOSS INCURRED: _____

Above information is true and correct to the best of my knowledge.

VICTIM IMPACT STATEMENT

(Please Print)

Victim Name: _____ Hm No: _____

Cell Number: _____ Wk No. _____

Address, City & State: _____

The following questions are voluntary. These are to assist the attorney in understanding your thoughts and feelings. Please feel free to use a separate sheet of paper if needed.

1. Please describe what being the victim of a crime has meant to you and to your family. How has this affected your lifestyle and/or your family's lifestyle?

2. What are your feelings about the criminal justice system? Have your feelings changed as a result of this incident?

3. Check the appropriate punishment for the defendant/offender. (You may indicate more than one)

Community Service Work Fine Jail Probation Other, please explain

4.a. If this case would be considered for diversion, would you agree? _____ No _____ Yes

4.b. If an alternate disposition involving reduction or dismissal of charges is offered as part of a plea agreement, what would your feelings and opinion be?

Signature

Date

PLEASE MARK ONE

I DO WISH TO BE NOTIFIED OF ALL HEARINGS

I DO NOT WISH TO BE NOTIFIED OF ALL HEARINGS