

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