

# VICTIM IMPACT STATEMENT

(Please return this form as quickly as possible or your loss will not be included in the case. Some of the below questions may not pertain to your circumstances.)

SUSPECT/DEFENDANT: \_\_\_\_\_  
CASE NUMBER OR REPORT NUMBER: \_\_\_\_\_  
LAW ENFORCEMENT AGENCY: \_\_\_\_\_  
TYPE OF CRIME: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: home \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: work \_\_\_\_\_  
PHONE: cell \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Optional/Grant information) I am:  elderly  minority  disabled  handicapped

Please state the impact this crime has had on your life: (Use a separate piece of paper, as needed.)

## RESTITUTION CLAIM:

\* Please list your financial loss below and attach a separate piece of paper to explain more details as needed. Copies of all written bills, receipts, estimates and/or itemized lists must also be promptly submitted or restitution may not be ordered. In a criminal case, the Judge will not order restitution for pain & suffering or lost wages.

	Amount of Loss:	Amount Covered by Insurance:	Amount of Deductible:
Medical Expenses:	\$ _____	\$ _____	\$ _____
Property Damaged:	\$ _____	\$ _____	\$ _____
Stolen Items:	\$ _____	\$ _____	\$ _____
Other Financial Losses:	\$ _____	\$ _____	\$ _____
<b>Total Amounts:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

1. Name of Insurance Company who covered the loss: \_\_\_\_\_  
Address of Insurance Company: \_\_\_\_\_

Claim Number: \_\_\_\_\_

2. Did you provide documentation for your financial loss to law enforcement?  yes  no

## PUNISHMENT REQUEST:

Prison \_\_\_\_\_ yrs.  County Jail \_\_\_\_\_ days/yrs.  Probation \_\_\_\_\_ yrs.  
 Restitution \$ \_\_\_\_\_  Treatment for \_\_\_\_\_  
 Community Service \_\_\_\_\_ hrs.  No contact with the victim & \_\_\_\_\_  
 Other: \_\_\_\_\_

Additional Comments: (Use a separate piece of paper, as needed.)

## COURT STATUS INFORMATION:

**Due to the high volume of cases, our office is unable to contact you on every hearing. Your best resource is the Case.net or MoVans websites.** To check the status of a charged case, type <http://www.courts.mo.gov/casenet> or do an internet search for Missouri Case.net. Then search by litigant (*defendant's*) name or by the case number. To narrow your search, Phelps County is in the 25<sup>th</sup> Judicial Circuit. **\*\* If you do not return this form, you will not be contacted periodically about this case, unless you are required in court.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to: [crystal.cox@phelpscountypa.org](mailto:crystal.cox@phelpscountypa.org) or fax (573)458-6179  
Phelps County Prosecutor's Office  
Victim Services  
200 North Main Street, Rolla, Missouri 65401