



**Do you feel the defendant continues to be a threat to you/ your company/your family or the community?**

**What are your thoughts regarding the sentence the Court should impose on the defendant?**

**Is there anything else you would like the Judge to know?**

**FINANCIAL IMPACT STATEMENT**

I have incurred the following expenses associated with the criminal case:

**Medical** expenses \_\_\_ Yes \_\_\_ No Amount of medical expenses **not** covered by insurance: \_\_\_\_\_  
\*\* Number of doctor's visits to date: \_\_\_\_\_ \*\* Number of future anticipated doctor's visits: \_\_\_\_\_

Name and phone number of Medical Doctor: \_\_\_\_\_  
Name Phone number

**Counseling** expenses \_\_\_ Yes \_\_\_ No Amount of counseling expenses **not** covered by insurance: \_\_\_\_\_  
\*\* Number of Counseling sessions to date: \_\_\_\_\_  
\*\* Number of counseling sessions per week: \_\_\_\_\_ (E.g. how often do you attend)  
\*\* How long is the counseling session: \_\_\_\_\_ (E.g. ½ hr, 1 hr etc)  
\*\* Number of future counseling sessions anticipated: \_\_\_\_\_

Name and phone number of Counselor or Counseling Center: \_\_\_\_\_  
Name Phone number

**Lost Income/Wages** \_\_\_ Yes \_\_\_ No Amount of lost income/wages **not** covered by employer :  
(ex: unable to work because of the crime, court appearances/attendance, had doctor's visits, counseling)  
\*\* Number of days lost from work: \_\_\_\_\_ Your hourly wage: \_\_\_\_\_

**Other expenses** \_\_\_ Yes \_\_\_ No Amount of other expenses **not** covered by insurance: \_\_\_\_\_  
Please describe other expenses: \_\_\_\_\_

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Signed by: \_\_\_\_\_  
Signature of victim Print name of victim

**PLEASE PROVIDE DOCUMENTATION OF LOSS!**