

VICTIM IMPACT STATEMENT

Financial Statement

A. DAMAGES

1. List property lost, destroyed or damaged and its value. (Wherever possible, attach supporting documents such as receipts, repair bills, etc.)

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

2. List medical expenses relating to physical, psychiatric, or psychological care. (And again, attach supporting receipts)

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

3. Physical/occupational therapy expenses: \$ _____

4. List lost income or wages: \$ _____

5. List miscellaneous expenses - transportation, child care, attorney fees, etc. (Please list type & amount)

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

TOTAL LOSS: \$ _____

B. REIMBURSEMENT RECEIVED (Please attach receipts)

1. Property Insurance: \$ _____

2. Medical Insurance: \$ _____

3. Other (Please list source and amount)

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

TOTAL REIMBURSEMENT: \$ _____