

United States vs.
Case Number:

Primary Victim: _____

Secondary Victim: _____

1. How were you or members of your family affected by this crime? You may continue your statement on an additional sheet of paper if you wish.

2. Have you or members of your family received counseling or therapy as a result of this crime? Please explain.

Financial Impact Statement Worksheet

Please use this portion of the form to list any financial losses you have had or paid as a result of this crime. Some of the sections may not apply to you. Attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Without proper receipts, bills or other documentation of loss, the judge may not be able to order restitution. If you have received reimbursement or payment for any of these losses from any other source, including a tribal program or government, please include this information in Section B, Reimbursement.

Please check this box if you have no financial losses as a result of this crime.

A. Crime Related Costs

1. List any money, personal belongings or property lost, destroyed or damaged as a result of this crime and the value. Attach receipts, repair bills, etc.

\$
\$
\$

2. List any wages or income you lost as a result of the crime. Attach documentation from the employer verifying the amount of lost wages or income.

\$
\$
\$

3. List any medical or counseling expenses incurred as a result of this crime. Attach supporting receipts.

\$
\$
\$

4. Describe future medical or counseling expenses anticipated. Attach estimates.

\$
\$

5. If you had any funeral expenses as a result of the crime, please list them and attach receipts, bills or other documentation of your loss. If you are claiming any expense for a headstone, memorial or honoring ceremony, please list those expenses also.

\$
\$
\$

6. List any other expenses including child care, transportation, and other expenses related to participation in the investigation or prosecution of the offense or attendance at court hearings.

\$

\$

Total of Crime Related Costs:

\$ _____

B. Reimbursement: Please list any money you were paid by insurance, Crime Victims' Compensation, Social Security, state or tribal government or programs or other sources. Attach copies of receipts or insurance payments.

1. If you have already received or expect to receive any payments or benefits from the sources listed below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance \$ _____

Name of Company _____

Address _____

Claim Number _____

Telephone Number _____

Name of Company _____

Address _____

Claim Number _____

Telephone Number _____

Other (List sources and amount. Use additional paper if necessary.)

\$ _____

2. Have you applied for State Crime Victims' Compensation benefits? Yes ____ No ____
If you received any compensation as a result of your claim, list the amount.

\$ _____

3. Have you filed a civil suit against the defendant? ____ Yes ____ No. If yes, list the case name, court location, and docket number. _____

4. Have you received any money or assets from the defendant as a result of any civil litigation?
_____ Yes _____ No. If yes, how much?

Total Money Received from Insurance, Victim Compensation, and Other Sources:

\$ _____

If restitution is ordered by the Court, whom should the check be made out to and what address should it be mailed to?

Name: _____

Address of restitution recipient: _____

Telephone Number: _____

If applicable, what is the claim number, policy number, account number, or other reference number that should be added to the check to remind you of what the check is for:

Signature: _____ Date: _____