

2. Please describe the emotional impact this crime has had on you. For example, has your view of yourself changed, do other people perceive you differently, how has your trust in others been affected, etc. The emotional impact may include how you felt in the immediate aftermath and/or since time has passed.

3. Please describe how members of your family have been affected by this crime.

4. What medical treatment have you received as a result of this crime? Have you or members of your family received counseling or therapy as a result of this crime?

5. What would you like to see happen to the person who committed this crime?

Financial Impact Statement Worksheet

☐ Check this box if you have no financial losses as a result of this crime.

A. Crime Related Costs

1. List any 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 (child care, transportation, etc.) related to participation in the investigation or prosecution of the offense or attendance at court hearings. **Attach receipts or bills.**

\$
\$
\$

Total of Crime Related Costs:

\$_____

B. Reimbursement

1. If you have already received or expect to receive any payments from insurance, please circle the type of insurance, indicate any amounts received, and fill in the requested information below. **Attach copies of insurance payments.**

Property, Auto or Homeowners Insurance

\$

Name of Company

Address

Claim Number

Telephone Number

Name of Company

Address

Claim Number

Telephone Number

2. Have you applied for State Crime Victims' Compensation benefits? Yes ____ No ____

3. If you received any compensation as a result of your claim, list the amount. **Attach copies of receipts.**

\$

4. Other (list sources, i.e. tribal government, social security, etc. and amount). **Attach copies of receipts.**

\$

Total of Reimbursed Money:

\$ _____

C. Restitution

1. If restitution is ordered by the Court, please fill in the information below to enable the courts to process your restitution. **Please note, if your contact information changes in any way, you must inform our Financial Litigation Unit (907-271-5071) so your restitution can continue to be distributed to you.**

Name _____

Address _____

Telephone Number _____

2. If the recipient of restitution is a business, who is the best point of contact for dealing with restitution related matters:

Name _____

Email Address _____

Telephone Number _____

3. If applicable, what is the claim number, policy number, account number, or other identifying information that can be put on the check to remind you of what the check is for:

Reference Information _____

Signature: _____ Date: _____