

cc: __Prosecutor
__Judge

VICTIM IMPACT STATEMENT
Hardin County Victim Assistance
(Property Crimes)

Offender(s) Name(s): _____ Case No: _____

Victim's Name: _____ Phone: _____

Address: _____
Street, Apt. No., PO Box, City, State, Zip Code

E-mail Address: _____

Employer: _____ Phone: _____

Best time and place to reach me: Home Work, between _____ A.M./P.M and _____ AM/P.M.

1. Do you wish to be informed of future hearings? Yes No

2. Were you acquainted with the Offender(s) at the time of the incident? Yes No

3. Do you fear the Offender(s) will retaliate against you for reporting this crime? Yes No
If yes, please explain:

4. Has this incident in any way affected your lifestyle or your families? Yes No
If yes, please explain:

5. Are there any thoughts or suggestions that you have concerning the punishment that the Offender should receive, including: **NO CONTACT WITH YOU OR YOUR FAMILY, COMMUNITY WORK, PROBATION OR INCARCERATION?** Yes No Please circle your preference(s)

OTHER SUGGESTIONS:

6. If given the opportunity, would you like to participate in a program in which you could confront your offender? Yes No

CRIME RELATED COSTS

Please use this portion of the form to list any losses that you suffered as a result of this crime. **DO NOT** include items that have been recovered by Law Enforcement, unless the items were damaged. **It is very important that you attach copies of receipts and estimates to support the costs listed. Failure to do so may result in the Court not Ordering the Offender(s) to pay restitution to you.** Be sure to update your losses, as information becomes available.

1. List any personal belongings (example: televisions, clothing jewelry, etc), property lost, damaged or destroyed as a result of this crime. This may also include damage to your home, vehicle or business.

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

2. Please list any other expenses that you have as a result of this crime. (Example: Banking fees, medical expenses, insurance deductible, etc.)

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

3. If you have lost wages or income as a result of this crime, please indicate the total amount of money you lost and the reason why. **Please attach a current pay stub and a letter from your employer verifying the amount of lost wages or income.**

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

TOTAL CRIME RELATED COSTS: \$ _____

MONEY PAID BY YOUR INSURANCE COMPANY

If you have received or expect to receive any payments or benefits from the source below, please indicate the amount, name of insurance company and claim number. **Please attach copies of insurance payments received.**

Name of Insurance Company: _____

Agents Name: _____

Address: _____ Phone No.: _____

Policy Number: _____ Claim No.: _____

Amount of Deductible that you have had to pay: \$ _____

Amount of Claim that was paid to you: \$ _____

The above statements are true to the best of my knowledge. I authorize Hardin County Victim Assistance to contact, gather, and release information to creditors, insurance companies, and other parties who may have information relating to the criminal case at hand in order to determine correct restitution and victim impact.

Signature: _____ Date: _____

If you are completing this statement for the victim, please print the following:

Your name: _____ Date: _____

Relationship to the Victim: _____

