

**UNION COUNTY VICTIM/WITNESS SERVICES
IMPACT OF CRIME STATEMENT**

NAME :

Defendant
OTN #

Please tell the court how this crime has affected you and your family, use extra paper if you wish.

Were you physically injured? _____ If so, please describe the extent of your injuries and the medical treatment prescribed.

Were you harmed psychologically? _____ Are you receiving counseling? _____

Please give the court your opinion on sentencing, what are your recommendations and would you like to make a statement at that time?

Signature (Confidentiality Clause)

Date

Printed name

Phone # _____

I AGREE TO WORK RELEASE FOR THIS DEFENDANT IF REQUESTED:

YES

NO

VICTIM CLAIM FORM

STATEMENT OF LOSS BY:

AS A RESULT OF THE CRIMINAL ACTIVITIES of:

_____ OTN #

If you suffered no direct financial loss, please check here: _____ NO CLAIM

INDICATE LOSSES: If you were physically injured and/or had property damaged or stolen items, indicate all of your net losses (cash, property, medical bills) and attach copies of relevant estimates, bills, and/or receipts to substantiate your claim or the judge WILL NOT order restitution to you .In order to have restitution ordered, the totals must have a dollar amount written in by you.

DESCRIPTION:	VALUE:
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Total amount of restitution I am due : \$ _____

WAS ABOVE LOSS COVERED BY INSURANCE? _____

If so how much was covered by Insurance? _____

IN SOME CASES INSURANCE COMPANIES WILL RECEIVE RESTITUTION FOR REIMBURSEMENT OF CLAIMS MET.

INSURANCE CO. NAME

_____ POLICY # _____
ADDRESS: CLAIM# _____
AGENT'S NAME _____

CRIME VICTIM'S MAILING ADDRESS:

CRIME VICTIM'S PHONE NUMBER:

I verify that the statements made and information provided above are true and correct .I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. subsection 4904 relation to unsworn falsification to authorities.:

Signature (Confidentiality Clause)

Date