



VICTIM IMPACT RESTITUTION STATEMENT

PLEASE RETURN FORM AND COPIES OF BILLS, ESTIMATES, RECEIPTS TO:

OFFICE OF THE STATE ATTORNEY - P.O. BOX 17500, CLEARWATER, FL 33762

Pinellas: (727) 464-6221 or (727) 464-6090 for Victim/Witness Management Team
New Port Richey: (727) 847-8158 – Dade City: (352) 521-4333

IT IS VERY IMPORTANT THAT YOU COMPLETE THIS FORM AND RETURN IT WITHIN 15 DAYS

State of Florida vs. _____ Case No. _____

Charge(s): _____

Assistant State Attorney: _____

VICTIM INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work Phone: _____ Other: _____

Name (if other than victim): _____ Relationship to victim: _____ Phone: _____

Contact person (not living with you): _____ Phone: _____

VICTIM IMPACT STATEMENT

This statement gives you the opportunity, if you wish, to express your feelings to our office and the Court regarding the effects of the crime on your life and your thoughts about sentencing. To assist you, we have provided some questions which may help you with your statement. You may use the area below to write your statement. Attach additional sheets, if necessary.

1. Have any changes occurred in your life as a result of this incident?
2. What are the short term and/or long term effects on you and/or your family?
3. If so determined, do you have an opinion regarding sentencing?

For victims of offenses committed by Juveniles: If both the victim of the crime and the defendant are minors, the victim or the victim's parent or legal guardian may request the Court to order, at sentencing, that the defendant attend a different school than the victim and/or the victim's siblings, if they are eligible to attend the same school.

I wish to request that the Judge order the defendant to attend a different school than the victim. Yes No N/A

Please complete back of form and sign.

RESTITUTION STATEMENT

This section is for you to list your losses and /or damages that resulted from this crime. Please send copies of all documentation such as bills, damage estimates, receipts of property damaged/stolen, appraisals, and insurance reimbursement. The judge will determine the amount of restitution to be paid by the offender.

Are you seeking restitution in this case? Yes No If NO, sign at bottom of page and return form to State Attorney.

INSURANCE INFORMATION

Have you filed, or do you intend to file, a claim with any insurance company? Yes No

Please indicate type of insurance: Life Health Property Auto

Company Name: _____ Claim No: _____

Address: _____

Phone: _____ Agent's Name: _____

Did this insurance company pay your claim? Yes No

Did you pay a deductible? Yes No If YES, list amount: \$ _____

LOST WAGE INFORMATION

Are you seeking lost wages as a result of this crime? Yes No

Employer: _____ Phone: _____

Address: _____

Time you lost from work: _____ Amount of lost wages: \$ _____

Please attach documentation from your employer verifying wage loss data/amount.

MEDICAL INFORMATION

Total medical bills/prescriptions as a result of this crime: \$ _____

Please attach copies of all bills and/or receipts to verify above. (Do NOT send original bills.)

Are you expecting more medical bills as a result of this crime? Yes No

PROPERTY DAMAGE

List only damaged/stolen property and the fair market value or repair cost of each item. Do not include items that were covered by insurance. Attach additional list if needed.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Total of above items: \$ _____

TOTAL OF ALL LOSSES (Insurance deductibles, lost wages, medical, and property): \$ _____

Signature of person completing form and/or victim _____

Date _____



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Date: _____

Section 775.089, Florida Statutes, provides that the court shall order the defendant to make restitution to the victim for damage or loss caused directly or indirectly by the offense, unless it finds clear and compelling reasons not to do so. As the victim of a crime, you might be entitled to restitution. Attached, please find a Victim Impact Restitution Statement to be completed. It is your responsibility, as the victim (or as a representative of the victim), to provide the State Attorney's Office with the evidence of the amount of restitution due **within 15 days** of the date of this letter. Medical bills, medical records, appraisals, and estimates are several examples of the documentation which you must provide in order to verify the amount of restitution which you feel is due you.

If you have any questions regarding completion of this form, you may call the Victim/Witness Management Team at (727) 464-6090 for assistance. The Victim/Witness Management Team is dedicated to assisting victims throughout the criminal justice process. If you are unable to supply us with restitution information at this time, please call us immediately. Failure to respond to our inquiry may result in the Court's inability to set out any amount of restitution.

Please return the completed form and the appropriate documentation **IMMEDIATELY** to:

Office of the State Attorney
PO Box 17500
Clearwater, FL 33762-0500

NOTE: If you are the victim of a Juvenile case, you may also receive a restitution request form from the Department of Juvenile Justice. It is imperative that you complete both forms and return to the respective agency.

Detach at dotted line

Re: State of Florida vs. _____

Case No: _____

Undersigned acknowledges receipt of Victim Impact Restitution Statement form.

Signature _____ Date: _____