

VICTIM IMPACT STATEMENT

Vernal Victim Advocate Office, 374 East Main Street, Vernal, UT 84078 * (435) 789-4250 or FAX 789-2256 * email to: agowen@vernalcity.org

This Victim Impact Statement has been developed to benefit victims of crime and to bring to the courts attention your concerns and thoughts regarding sentencing of the defendant(s). This is your opportunity to let the court know how this crime has affected you and your family and/or business.

We request your voluntary cooperation in completing this form. **Please complete and return this form immediately to our office at the above address.** We will make every effort to represent your needs to the court and in the sentencing process. If you need assistance in completing this form, please contact our office. { Attach additional pages if needed }

Name of Victim: _____

Name of Defendant: _____

Type of Offense: _____ Date of Offense: _____ Case number: _____

RESTITUTION CLAIM: (direct financial loss resulting from the crime)

*was medical treatment needed? If so, amount of expenses incurred: \$ _____

Were any medical expenses covered by insurance? _____ Amount covered by insurance: (\$_- _____)

*Please describe any property damaged or destroyed by the defendant(s): _____

Please indicate the exact dollar amount necessary to replace or repair the property. \$ _____
was any property/damage covered by insurance? _____ Amount covered by insurance: (\$_- _____)

*describe any other monetary loss as a result of this crime: _____

TOTAL CLAIM/LOSS: \$ _____

What are your thoughts and feelings regarding the crime and your opinion as to what sentence the defendant should receive. _____

Your Name: _____ Ph. # _____

Your Address: _____

Signature: _____ Date: _____