VICTIM IMPACT STATEMENT

Return form and record to: Yuma City Prosecutor's Office, ATTN: Victim Assistance
190 West 14th Street
Yuma, Arizona 85364
(928)373-5060

PLEASE MAKE SURE TO RETURN THIS INFORMATION IMMEDIATELY.

This Victim Impact Statement is used by the Prosecutor for evaluating the effect the crime has had on you and your family. Without the information included in this form, you may not receive reimbursement and assistance that, by law, is yours. The Prosecutor and possibly the defendant and his/her attorney will receive a copy of this statement. If you need help completing this form, please call (928) 373-5060.

DEFENDANT: _____

CASE NUMBER: _____

CHARGE: _____

VICTIM: _____

ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BEST TIME TO CONTACT: _____

ALTERNATE CONTACT: _____ NUMBER: _____

1. What physical injuries did you or your family suffer? (List injuries such as broken bones, bruises, and scrapes (include injuries such as nausea, headaches, appetite changes, inability to sleep, etc.)

2. What psychological or emotional changes have occurred as a direct result of the crime? (List changes such as intense inability to concentrate, loss/gain in weight, inability to control emotions, etc.)

3. Please list any known previous arrests or criminal offenses committed by the Defendant and please note if the Defendant is currently on probation or parole for a criminal offense.

4. What recommendations do you have regarding sentencing, punishment, and/or treatment for the Defendant?

5. What specific concerns do you have about the defendant (Consider things such as: fear that the defendant will try to contact or harass you; fear that the Defendant possesses firearms that they may attempt to use against you, and alcohol/drug abuse by the defendant)?

6. Financial loss that was due to the charged criminal offense (Copies of all receipts or estimates must be attached to this form. Failure to provide proper documentation may result in failure to have restitution ordered. Requests for restitution do not ensure that financial compensation is warranted. You may be asked to provide additional proof of loss and a restitution hearing may be ordered):

PROPERTY LOSS

DESCRIPTION OF LOSS:

RECOVERED / REPAIRED:

PURCHASE PRICE OR CURRENT VALUE: _____ DATE _____
REPAIR COST / ESTIMATE _____ DATE _____
LOSS COVERED BY INSURANCE? Yes ☐ No ☐ DEDUCTIBLE (IF ANY)? _____
INSURANCE CO. (name, address, number): _____
POLICY NUMBER: _____

MEDICAL EXPENSES

DESCRIPTION OF SERVICES:

DOCTOR/HOSPITAL (NAME & NUMBER):

TOTAL EXPENSE: _____ DEDUCTIBLE:_____
AMOUNT PAID BY INSURANCE: _____
INSURANCE CO. (name, address, number): _____
POLICY NUMBER: _____

LOSS OF WAGES DUE TO INJURIES OR MEDICAL TREATMENT/COUNSELING:
HOURS/DAYS MISSED: _____ HOURLY WAGE/SALARY: _____

** IF LOST WAGES ARE REQUESTED, YOU MUST PROVIDE A COPY OF YOUR TIMESLIP AND A LETTER FROM YOUR EMPLOYER VERIFYING YOUR WAGES AND TIME MISSED.

_____ _____
SIGNATURE DATE