

## **IMPORTANT INFORMATION ABOUT THE VICTIM IMPACT STATEMENT**

### **What is a Victim Impact Statement and how is it used?**

The Victim Impact Statement is submitted to the Judge prior to or at the time of the Defendant's sentencing. This is your chance to put in writing how this crime has affected you physically, emotionally, financially, as well as any other changes in your life you may have experienced.

### **Filling out the Victim Impact Statement is voluntary.**

No one knows better than you how this crime has affected your life. As a victim of crime in Colorado, you have the right to be informed of, present and heard at the sentencing hearing. You do not have to complete this form. However, a completed form can help the judge decide what sentence the defendant should receive. The form is needed to determine the amount of restitution owed to you and your family. Your completed statement will become an official court document and will be read by the District Attorney, Judge and Probation Officer assigned to the case. The Defense Attorney and/or the Defendant will also be provided a copy of your Victim Impact Statement and any supporting documentation. In addition, if the defendant is sentenced to a prison term, prison or parole officials may read your statement.

### **Suggestions for completing your Victim Impact Statement:**

You have a choice of how you explain to the Judge how the crime has affected you and those close to you. You can write it in this document, tell the Judge at the Sentencing Hearing or you can do both.

1. Please fill out the sections that are important to you and pertain to your situation.
2. Even if you choose not to write about how the crime has affected you emotionally, any monetary loss you would like the court to consider for restitution must be documented.  
**If you have already paid or still owe money for costs resulting directly from this crime, please attach copies of all bills, receipts, invoices, estimates, and/or any other documentation to prove your monetary loss.** If you anticipate additional costs in the future for the injuries or damages you sustained as a result of this crime, please attach a written estimate of these costs. It is important to be as accurate and complete as possible when listing your monetary losses. This information will be used by the District Attorney, Probation Officer and Judge to determine what restitution needs to be ordered. Although every effort will be made to collect restitution ordered by the Judge, there is no guarantee of payment. You may wish to discuss your options for a civil recovery with a private attorney.
3. If you need more space to provide additional information, please use as much paper as you need and attach the extra pages to the form.
4. A copy of your Victim Impact Statement and any supporting documentation such as bills will be made available to the defendant and the defendant's attorney.
5. Please return the Victim Impact Statement **even if you are not claiming any losses.**
6. Please return your completed Victim Impact Statement by December 05, 2016.

### **For help with your Victim Impact Statement:**

If you cannot complete your statement by December 05, 2016, or if you have any questions while writing your statement, please feel free to contact the Victim Witness Unit at the number located on the enclosed letter so we may assist you.

**Thank you for your time and cooperation in completing this form.**

# VICTIM IMPACT STATEMENT

<b>Mail to:</b> Victim Witness Unit	
Office of the District Attorney 1140 Grand Avenue, Suite #200 Montrose, OC 81401 <b>Phone:</b> (970) 252-4260 <b>Fax:</b> (970) 252-4270 <b>E-Mail:</b> mail@co7da.org	<b>Your Name:</b> <b>Defendant:</b> <b>Case Number:</b> <b>Primary Charge:</b> <b>Prosecutor:</b> <b>Victim Advocate:</b>

Name of Victim \_\_\_\_\_  
Name / Relationship to Victim of Person Filling Out Form \_\_\_\_\_

<b>I choose not to complete this form.</b> _____ <b>Please initial and return this page only.</b>
<b>Would you like to be present at the Sentencing Hearing?</b> ___ Yes ___ No

**Part 1: Effects of the Crime & Recommendations for Sentencing** (Please attach additional paper if necessary.)

A. Please describe how this crime has affected your life and/or family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Please describe any physical injuries sustained as a result of this crime. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What do you believe could be done to assist in repairing the harm inflicted on you and your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Are there any conditions you would like to see the court impose on the defendant? This may include no contact with you or your family, jail, probation, alcohol or drug treatment, community service, apology letter, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2: Restitution-Loss and Insurance Information**

RESTITUTION does **NOT** include damages for physical or mental pain and suffering, loss of **consortium**, loss of enjoyment of life, loss of future earnings, or **punishment**.

Please remember to include copies of bills/estimates/receipts. Please print your total costs below, taking into consideration if items were recovered. If the defendant disagrees with the amount you are claiming they may request a Restitution Hearing. If a Restitution Hearing is set, you may be subpoenaed to testify and will need to provide documentation of your losses. Please keep copies of any documentation provided to this office for your records.

A. Was there any property stolen or damaged during the commission of this crime?  
 Yes  No If yes, please list the recovered items and indicate if the items were returned to you in good or damaged condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Did you apply for Crime Victim Compensation and if so, have you been approved?"

Yes  No If yes, please list: \_\_\_\_\_

C. Have any expenses been paid by insurance/Medicaid?  Yes  No If yes, please complete:

Insurance Company \_\_\_\_\_  
Claim Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Deductible \_\_\_\_\_ Amount Paid by Insurance/Medicaid \_\_\_\_\_

D. Please list any other monetary costs you had because of this crime. Documentation of these losses must be provided.  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3: Restitution Requested**

I am asking for restitution in the amount of \$ \_\_\_\_\_.

I am not asking for restitution.

**CERTIFICATION AND RELEASE:**

I do hereby swear that the above information regarding monetary losses is true and correct to the best knowledge and belief. Further, I authorize release of information by the above-named insurance companies/medical providers to the District Attorney's Office for purposes of establishing restitution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

**IMPORTANT INFORMATION**

**The defendant / or defense counsel is entitled to a copy of your completed Victim Impact Statement and any attached documentation.**

**SO THAT YOU CAN CONTINUE TO BE INFORMED ABOUT THE CASE, PLEASE KEEP THE DISTRICT ATTORNEY'S OFFICE NOTIFIED OF ANY CHANGES IN ADDRESS OR PHONE NUMBERS, EVEN AFTER THE CASE HAS BEEN RESOLVED.**

If you are unable to speak or read English and require translation assistance, please have an English speaking friend or family member contact the VW Unit PHONE # (970) 728-4381

Return VICTIM IMPACT STATEMENT FORM to:  
Victim Witness Services Unit  
Office of the District Attorney  
1140 Grand Ave., Suite #200  
Montrose, CO 81401  
Or E-Mail: mail@co7da.org

INSURANCE STATEMENT OF LOSS  
RESTITUTION INFORMATION

**Please send this form to your adjuster if you filed a claim.**

OFFICE OF THE DISTRICT ATTORNEY, SEVENTH JUDICIAL DISTRICT  
VICTIM WITNESS UNIT  
1140 Grand Avenue, Suite #200  
Montrose, CO 81401

Telephone Number (970) 970-252-4260 FAX (970) 252-4270

Your Name \_\_\_\_\_  
Responsible Party \_\_\_\_\_  
Court Case # \_\_\_\_\_  
Prosecutor \_\_\_\_\_  
Advocate \_\_\_\_\_  
Next Court Date: \_\_\_\_\_

The Seventh Judicial District Attorney's Office has charged the above responsible party in this criminal case. Your insured is a victim. Since the insurance company may also have incurred a loss as a direct result of this criminal case, those losses can be reported for purposes of restitution. All amounts claimed must be fully documented and must be directly linked to defendant's actions during this specific criminal incident. Please complete this form and attach supporting documentation or verification. You may be subpoenaed to testify if a restitution hearing is held in this matter. If you have questions, contact the Victim Witness Unit at the above number.

Claim Number: \_\_\_\_\_

Total Amount of Claim: \$ \_\_\_\_\_ (include copies of original claim)

Payout By Insurance: \$ \_\_\_\_\_ (include copies of drafts)

LESS Deductible Paid By Insured: \$ \_\_\_\_\_

LESS Sale Proceeds (salvage) \$ \_\_\_\_\_ (include receipts/debits to gross sale)

LOSS PAYOUT \$ \_\_\_\_\_

This figure does not include your insured's deductible or sales proceeds. Your insured has been sent a Restitution Information Form to advise us of their personal loss.

Status of Claim: Open/Closed/Pending, Explain

**CERTIFICATION:** I, as an authorized representative of the insurance company referenced herein, do hereby swear that the information provided is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_

ADDRESS for forwarding restitution; include ATTN: if necessary.

As a condition of the defendant's sentence, restitution is usually ordered to be paid through the Registry of the Court.

**A COPY OF THIS FORM WILL BE PROVIDED TO THE DEFENDANT/DEFENSE ATTORNEY.**

- Spanish Si usted no puede leer o entender Inglés y necesita asistencia con una traducción, pida la ayuda de un amigo o familiar que habla Inglés para llamar al Programa de Asistencia para Víctimas al número que esta en el otro lado de ésta pagina.
- Korean 영어를 읽지 못하거나 이해를 못하는 분을 친구나 친척들에게 도움을 받을수 있습니다. 아래에 있는 전화 번호에다 전화를 주시면 많은 도움을 받을수 있습니다.
- Chinese 若您無法閱讀或是理解英文，需要翻譯協助，請找一個會說英語的親友打電話給「受害者援助部門」，該部門的服務電話印在本頁背面。
- Vietnamese Nếu quý vị không thể viết hoặc hiểu nhiều Anh ngữ và cần sự giúp đỡ trên phương diện thông dịch thì xin vui lòng nhờ bạn hay người thân biết tiếng Anh để liên lạc với chương trình giúp đỡ nạn nhân gọi là Victim Assistance Program mà phần tin tức được tô màu nổi ở phía sau trang này.
- Thai ถ้าคุณไม่สามารถอ่านหรือไม่เข้าใจภาษาอังกฤษและต้องการความช่วยเหลือด้านการแปลภาษา กรุณาให้เพื่อนหรือบุคคลในครอบครัวที่พูดภาษาอังกฤษได้ โทรศัพท์มาที่โครงการช่วยเหลือผู้ประสบเคราะห์ร้ายตามที่แสดงเครื่องหมายในด้านหลังของหน้านี้
- Laotian ຖ້າທ່ານບໍ່ສາມາດອ່ານແລະເຂົ້າໃຈພາສາອັງກິດແລະຕ້ອງການການຊ່ວຍເຫຼືອດ້ານການແປພາສາ, ກະລຸນາໃຫ້ສະມາຊິກຄອບຄົວ ຫຼື ມິດສະຫາບຂອງທ່ານຜູ້ທີ່ຮູ້ພາສາອັງກິດຕິ ໂທສະລັບມາຫາຕ້ອງການ Victim Assistance Program ຕາມນໍາເບີທີ່ຕິດພິມເປັນຕົວໜັງສືໃຫຍ່ ຫາງດ້ານຫຼັງຂອງໜ້ານີ້.
- Cambodian ប្រសិនបើអ្នកមិនចេះអាន ឬស្តាប់យល់ភាសាអង់គ្លេសទេ ហើយសូមឱ្យមានជំនួយបកប្រែភាសា, សូមឱ្យមិត្តសំឡាញ់ ឬសមាជិកក្នុងក្រុមគ្រួសារណាម្នាក់ ដែលចេះនិយាយភាសាអង់គ្លេស ទូរស័ព្ទមក កាន់កម្មវិធីជំនួយជនរងគ្រោះ ដែលមានតួសបញ្ជាក់នៅខាងក្រោយខ្នងសន្លឹកនេះ ។
- Russian Если Вы не говорите и не читаете по английски, и все же нуждается в помощи, попросите кого-нибудь кто говорит по английски позвонить в "Victim Assistance Program". Номер телефона находится на обратной стороне этого листа.