Impact Statement

Name(s): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:**_____

Primary Phone: _____**Secondary Phone:** _____

Email Address: _____

Preferred Method of Contact: ☐**Mail** ☐**Text** ☐**E-Mail**

***** It is your responsibility to keep our office up-to-date on your correct contact info*****

Emergency Contact (name, phone number, address, relationship):

_____

_____

Name of Defendant(s): _____

Relationship to Defendant (if any): _____

Case Number (s): _____

Division: _____ **Date of Offense:** _____

Charges:

_____

_____

_____

_____

What do you feel is the appropriate sentence? Incarceration (how long), Treatment, Counseling, etc.?

_____

_____

_____

List any physical injuries that occurred as a result of the incident:

_____

_____

_____

Did you seek medical attention? If so, please include the name and phone number of the provider as well as date seen.

_____

_____

_____

Did insurance cover any of the expenses: _____

Did you pay a deductible? If so, how much?: _____

Describe the impact and lifestyle changes the actions of the defendant have had on you and/or your family. _____

_____

_____

_____

_____

Additional comments: (attach extra pages if necessary): _____

_____

_____

_____

_____

_____

_____

_____ _____

Signature **Date**

****If this form is completed by someone other than the named victim, please provide your name and contact information. _____**

_____

Crime Victim's Loss Report Form

FINANCIAL LOSS (cold checks, credit card fraud, etc.)

_____
_____
_____
_____
_____

$ _____

Please check the following:

( ) I was reimbursed for my losses in the amount of $ _____
( ) I was not reimbursed for my losses.

Total Amount of Financial Loss (Loss minus reimbursement) **$** _____

PROPERTY LOSSES (stolen, damage, repair). Please attach separate sheet if necessary.

_____
_____
_____
_____
_____

$ _____

Please check the following:

( ) I was reimbursed for my losses in the amount of
( ) I was not reimbursed for my losses.
( ) My property was returned in good condition. I had no losses.
( ) My property was returned in damaged condition.

$ -_____

Total Amount of Property Loss (Loss minus reimbursement) $ _____

LOST EARNINGS You are not entitled to loss of wages for court appearances. You may be entitled to losses incurred as result of a medical injury that prevented you from working. (Employer should assist with this section. This amount should be accompanied by signed and notarized documentation from your employer. If self-employed or a business, itemized documentation must be attached to this document.)

_____
_____
_____
_____

Total Lost Earnings: **$** _____

MEDICAL EXPENSES

_____
_____
_____
_____
_____

Total Medical Expenses **$**_____

OTHER EXPENSES: (Please explain)

_____
_____
_____

Total Other Expenses **$**_____

TOTAL CLAIM **$**_____

Please return form to: **Commonwealth's Attorney's Office**
1001 Center Street, Suite 205
Bowling Green, KY 42101
tseabolt@prosecutors.ky.gov