

**RESTITUTION/VICTIM IMPACT STATEMENT**

Please return form to: Greeley Municipal Court  
919 7<sup>th</sup> Street  
Greeley CO 80631

**Return by:** \_\_\_\_\_ **Restitution Hearing Date:** \_\_\_\_\_  
**Defendant(s):** \_\_\_\_\_ **Summons No: M** \_\_\_\_\_

This Restitution/Victim Impact Statement is used by the City Attorney and Municipal Court in determining restitution and to evaluate the effect of the crime on the victim and the victim's family. If you want the judge to order the defendant to pay restitution , you must fill out and return this form to the Greeley Municipal Court.

**FAILURE TO RETURN THIS FORM WILL INDICATE THAT YOU DO NOT WISH TO RECEIVE RESTITUTION.**

**FAILURE TO PERSONALLY APPEAR AT THE ABOVE STATED RESTITUTION HEARING WITH SUPPORTING DOCUMENTATION WILL RESULT IN A WAIVER OF YOUR RIGHT TO SEEK CRIMINAL RESTITUTION IN THE GREELEY MUNICIPAL COURT.**

**HOWEVER RESTITUTION IS NOT GUARANTEED.**

TO CONTACT THE CITY ATTORNEY'S OFFICE PLEASE CALL 970-350-9757.

Definition of Restitution: Restitution is money paid by a specific defendant to a specific victim as reimbursement for the loss the victim has suffered as the result of a crime. Restitution is court ordered and part of the sentence. Generally, this is for out-of-pocket expenses, such as a stolen bike or the deductible on the insurance. *For any wage loss, pain and suffering, or other circumstances not directly related to the crime, the victim must sue in civil court. This cannot be ordered as restitution.* The phone number for civil court is 970-351-7300.

Please type or print with a pen your answers. Please provide your current address and phone number. ***You must notify the court of any future change of address.***

NAME OF VICTIM(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ Work #: \_\_\_\_\_

**ECONOMIC LOSS**

Please attach copies of receipts, estimates, bills, etc.

TOTAL PROPERTY LOSS \_\_\_\_\_

DESCRIPTION OF LOSS \_\_\_\_\_

Purchase Price or current value:\$ \_\_\_\_\_ Repair cost or estimate:\$ \_\_\_\_\_

WAS PROPERTY LOSS/REPAIR COVERED BY INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

Amount paid by insurance: \$ \_\_\_\_\_ Deductible paid: \$ \_\_\_\_\_

Total Medical/Therapy Expense: \_\_\_\_\_

Amount paid by insurance: \_\_\_\_\_ Deductible Paid: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Agent's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_

Have your expenses been paid by the defendant's insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you approved for Medicare? Yes \_\_\_\_\_ No \_\_\_\_\_

### VICTIM IMPACT/SENTENCING CONSIDERATIONS

WERE YOU PSYCHOLOGICALLY INJURED AS A RESULT OF THIS INCIDENT?

If yes, please describe the psychological impact that the incident had on you: \_\_\_\_\_

Name of your property Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### PHYSICAL INJURIES/ECONOMIC LOSS

Please attach copies of all receipts, estimates, bills, etc.

AS A RESULT OF THE CRIME, WERE YOU PHYSICALLY INJURED? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe nature and extent of your injuries: \_\_\_\_\_

DID YOU RECEIVE MEDICAL TREATMENT FOR YOUR INJURIES? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe the treatment received and length of time treatment was required: \_\_\_\_\_

Service Provider/Doctor, Hospital, Therapist, etc.: \_\_\_\_\_

HAVE YOU RECEIVED, OR DO YOU FEEL THAT YOU NEED COUNSELING/THERAPY AS A RESULT OF THIS INCIDENT? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the length of time you have been or will be undergoing counseling/therapy: \_\_\_\_\_

Do you fear the defendant might seek some type of retaliation against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any thoughts or feelings about the sentence which the court should impose or are there any special conditions you would like the court to impose, such as no contact with you or your family, psychological counseling, alcohol or drug treatment, community service hours, etc: \_\_\_\_\_

YOU HAVE THE RIGHT TO APPEAR PERSONALLY AT THE SENTENCING HEARING AND VERBALLY EXPLAIN YOUR VIEWS CONCERNING THE CRIME, THE DEFENDANT, THE NEED FOR RESTITUTION AND THE TYPE OF SENTENCE THAT SHOULD BE IMPOSED BY THE COURT.

**\*Please be advised that any information stated on this form is NOT confidential or privileged information and may be distributed to the City Attorney's Office or the defendant if requested.**