



**GREELEY MUNICIPAL COURT**

919 7<sup>TH</sup> Street, Greeley, CO 80631  
Office: (970) 350-9230, Fax: (970) 350-9231

Robert J. Frick, Municipal Court Judge  
Candace L. Atkinson, Court Administrator

**RESTITUTION/VICTIM IMPACT STATEMENT**

**Defendant Name:**

**Victim's Name:**

**Greeley Municipal Court Case No:**

Dear Victim:

As a victim of crime, you have the right to complete this Victim Impact Statement. The statement provides important information concerning restitution and your recommendation to the Court. **Restitution is not guaranteed.** This form will be provided to the City Attorney, the Judge, and the Defense Attorney and/or the Defendant.

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

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.

NAME OF VICTIM (S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE #: \_\_\_\_\_ WORK#: \_\_\_\_\_

**\*\*\*\*For restitution purposes, please itemize your losses and attach copies of receipts or two itemized estimates from a place of business and supporting documentation. RESTITUTION CANNOT BE ORDERED WITHOUT SUPPORTING DOCUMENTATION.\*\*\*\***

**SECTION I – PERSONAL INJURY**

1. If you sustained physical injuries, describe them fully: \_\_\_\_\_  
\_\_\_\_\_

2. Did you seek medical treatment?  
 Yes  No

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

3. Was the treatment covered by covered by insurance?

Yes  No

4. How much was your deductible? \$ \_\_\_\_\_

5. How much did you pay out-of-pocket? \$ \_\_\_\_\_

Name, Address and Telephone Number of your Insurance Company: \_\_\_\_\_

**SECTION II -- PROPERTY DAMAGE**

6. Describe your property damage: (use additional paper if needed) \_\_\_\_\_

7. What is the total cost of the replacement or repair to your property? \_\_\_\_\_

8. Was the replacement or repair covered by covered by insurance?

Yes  No

9. How much was your deductible? \$ \_\_\_\_\_

10. How much did you pay out-of-pocket? \$ \_\_\_\_\_

Name, Address and Telephone Number of your Insurance Company: \_\_\_\_\_

**SECTION III -- OTHER EXPENSES**

11. Please list any other expenses: \_\_\_\_\_

12. Does this case involve an animal?

Yes  No

13. Have you incurred or paid for any:

Veterinarian Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Replacement Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Cremation or Burial Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____

14. \_\_\_\_\_ **PLEASE INITIAL HERE IF YOU ARE NOT REQUESTING RESTITUTION.**

**AS A VICTIM OF CRIME I HEREBY ATTEST THAT ALL INFORMATION GIVEN ON THIS DOCUMENT IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**VICTIM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**SIGNATURE OF GUARDIAN IF VICTIM IS UNDER THE AGE OF 18**

***\*IF YOU DO NOT WISH TO ANSWER THE QUESTIONS, THE CITY ATTORNEY REQUESTS THAT YOU SIGN THIS DOCUMENT, INDICATING IN QUESTION 14 THAT YOU DO NOT WANT RESTITUTION AND RETURN THIS DOCUMENT REGARDLESS.***