

Davis County Attorney's Office  
Victims of Crime Assistance Program (VOCAP)  
PO Box 618 \* 800 West State Street \* Farmington, UT 84025 \* (801) 451-4300 or FAX 451-4348

**VICTIM IMPACT STATEMENT**

**IF WE DO NOT RECEIVE THIS FORM BACK WITHIN 21 DAYS, WE WILL ASSUME YOU DO NOT WANT FURTHER NOTIFICATION OR RESTITUTION.**

**You have the right to participate in court proceedings – how much involvement would you like to have:**

Notification of all Scheduled hearings \_\_\_\_ Final outcome only \_\_\_\_ No further notification \_\_\_\_

Please write your concerns and thoughts regarding sentencing of the defendant. This may include feelings the crime caused and recommendations for the sentencing. This will become part of the court record and may be seen by the defendant and his/her attorney.

If you prefer email, simply check the box and provide your email address below.

Victim(s) Name:

Defendant(s) Name:

Case #:

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Email Address \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## FINANCIAL IMPACT STATEMENT

**Please attach DETAILED documentation (copies of bills, receipts, estimates of fair market value) or other documentation regarding the costs listed below.** \*\* If detailed documentation is not received, your claim will not be processed. \*\*

If you are not requesting restitution, simply check the box and sign the bottom of the form

Crime Victim Reparations (CVR) is a program sponsored by the State of Utah to assist victims with counseling, paying medical bills (as result of the crime), and other services when appropriate. If you have not filed for CVR benefits and would like further information on filing a claim, please contact 801-451-4300.

### A. CRIME RELATED COSTS

**1. PROPERTY:** List any personal property lost, destroyed or damaged as a result of this crime. Please include the **fair market value** of the property and any out of pocket expenses you may have had to repair or replace these items. Also indicate if you insurance company covered any of these items

Items _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Property, Auto or Homeowners Insurance Covered Amount Received: \$ _____ Claim Number: _____ Insurance Company: _____ Agent Name: _____ Phone Number: _____ Deductible paid: \$ _____
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**2. Medical:** List any medical expenses incurred as a result of this crime that were **not** covered by insurance, (co pay, and deductibles). Please attach copies of receipts when possible.

<b>Expenses</b> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Medical Insurance Amount Received: \$ _____ Name of Company _____ Insurance Company: _____ Phone Number: _____ Deductible Paid: \$ _____
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**3. Financial Loss in Fraud/Forgery:** List any fraud or forgery expenses you incurred.  
(You may list fees acquired in changing banking or credit card accounts, or other banking fees etc.)

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

Did your bank reimburse your loss? \_\_\_\_\_ How much? \_\_\_\_\_  
 Name of Financial Institution \_\_\_\_\_ Account # \_\_\_\_\_

**TOTAL OUT OF POCKET EXPENSES \$ \_\_\_\_\_**

I declare under penalty of law that the above information is true and correct to the best of my knowledge

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

\*\* You will be notified by this office as to the amount of restitution that has been ordered by the Judge.