

VICTIM IMPACT STATEMENT
Layton City Victim Services Program

*Layton City Attorney=s Office, 437 N. Wasatch Drive, Layton, UT 84041 * (801) 336-3599 or FAX 336-3595*

This *Victim Impact Statement* has been developed to benefit victims of crime and to bring to the court=s attention your concerns and thoughts regarding sentencing of the defendant(s). This is your opportunity to let the court know how this crime has affected you and your family and/or business.

We request your voluntary cooperation in completing this form. **Please complete and return this form immediately to our office at the above address.** We will make every effort to represent your needs to the court and in the sentencing process. If you need assistance in completing this form, please contact our office. {Attach additional pages if needed}

9 If, for any reason you do not wish to complete this form, simply check the box, list the defendant=s name(s), sign and return this form to our office at the above address.

Do you want further contact by our program and/or notification of hearings? Yes No (Circle one)

Name of Victim: _____

Name of Defendant: _____

Type of Offense: _____ **Date of Offense:** _____ **Case number:** _____

RESTITUTION CLAIM: (direct financial loss resulting from the crime)

***Was medical treatment needed?** If so, amount of expenses incurred: \$ _____

Were any medical expenses covered by insurance? _____ Amount covered by insurance: (\$ _ - _____)

***Please describe any property damaged or destroyed by the defendant(s):** _____

Please indicate the exact dollar amount necessary to replace or repair the property. \$ _____

Was any property/damage covered by insurance? _____ Amount covered by insurance: (\$ _ - _____)

***Describe any other monetary loss as a result of this crime:** _____

TOTAL CLAIM/LOSS: \$ _____

What are your thoughts and feelings regarding the crime and your opinion as to what sentence the defendant should receive. _____

Your Name: _____ **Ph.#** _____

Your Address: _____

Signature: _____ **Date:** _____