

GRANTSVILLE CITY VICTIM IMPACT STATEMENT

Police Department or Attorney's Office, 429 East Main Street, Grantsville City, Utah 84029 Telephone (435) 884-4635

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 the sentencing of the defendant(s) when appropriate. This is your opportunity to let the Prosecutor and Court know how this crime has affected you and your family and/or business.

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY IN AN ATTEMPT TO ADDRESS ANY OUTSTANDING RESTITUTION IN THIS MATTER. YOU MAY STILL BE REQUIRED TO TESTIFY AS TO YOUR INJURY AND THE FACTS RELATED THERETO IN AN ATTEMPT TO RECOVER SUCH RESTITUTION. THIS IS NOT A GUARANTEE OF ANY PAYMENT TO THE PARTY COMPLETING THIS FORM.

We request your voluntary cooperation in completing this form. **Please complete and return this form immediately to a Grantsville City Police Officer or to the City Attorney's 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)**

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 office and/or notification of hearings? Yes No (Circle one)

Name of Victim: _____

Name of Defendant(s): _____

Type of Offense: _____ Date of Offense: _____ Case No. _____

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. \$ _____
(The cost to replace a used item with a new item isn't usually allowed - Courts typically use the value to replace a used item with a similar item)

Was any property/damage covered by insurance? _____ Amount covered by insurance: \$ _____
Describe the way your actual loss was calculated or determined _____

Please attach any documentation that would support your claim for restitution.

***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 the sentence the defendant should receive._____

_____.

Your Name: _____ **Phone No.** _____

Your Address: _____

Signature: _____ **Date:** _____