Financial Impact Statement Worksheet

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

A. CRIME RELATED COSTS

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry, and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

_____ $ _____

_____ $ _____

_____ $ _____

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, etc.)

_____ $ _____

_____ $ _____

_____ $ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

_____ $ _____

_____ $ _____

4. If you had any funeral expenses, please list them.

_____ $ _____

_____ $ _____

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

_____ $ _____

_____ $ _____

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income _____ $ _____

TOTAL OF CRIME RELATED COST _____ $ _____

(please turn worksheet over and continue)

Financial Impact Statement Worksheet

B. MONEY YOU WERE PAID BY INSURANCE, VICTIM COMPENSATION OR OTHER SOURCES
(Whenever possible, attach copies of receipts or insurance payments.)

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance

Amount Received _____

Name of Company _____

Claim Number _____

Address _____

_____

Phone Number _____

Medical Insurance

Amount Received _____

Name of Company _____

Claim Number _____

Address _____

_____

Phone Number _____

Other (list sources and amount and please use additional paper if necessary.)

Amount Received _____

Name of Company _____

Claim Number _____

Address _____

_____

Phone Number _____

2. Have you applied for Crime Victim Compensation benefits?

Yes ❑ No ❑

If you received any compensation as a result of your claim, please list the amount.

$ _____

*If you have not filed for Crime Victim Compensation benefits and would like to receive further information on requirements for filing a claim, please contact:

TOTAL MONEY RECEIVED FROM INSURANCE, CRIME VICTIM COMPENSATION, AND OTHER SOURCES

$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____

FAYETTE COMMONWEALTH'S ATTORNEY'S OFFICE
CRIME VICTIM ASSISTANCE PROGRAM
LOSS REPORT

116 N. UPPER ST. • SUITE 300 • LEXINGTON, KENTUCKY 40507 • TELEPHONE (606)246-2060

Commonwealth of Kentucky v. _____, Defendant(s)

I am the Victim in this case. I have suffered the following losses as a result of the defendants's crime:

MEDICAL EXPENSES (ambulance, hospital, doctor, medicine, etc.) $_____

_____

_____

_____

PROPERTY (replace, repair, clean) $_____

_____

_____

_____

LOST EARNINGS $_____

_____

_____

_____

OTHER EXPENSES $_____

_____

_____

_____

If an insurance company will pay any portion of these losses, please list the company, company address, and deductible.

_____

I HAVE ATTACHED DOCUMENTATION OR RECEIPTS FOR THESE LOSSES WHERE POSSIBLE. I CERTIFY THAT THIS A TRUE AND ACCURATE STATEMENT.

Name: _____

_____
(signature)

Address: _____

_____
(date)

_____

Home phone: _____

Work phone: _____

PLEASE RETURN THIS FORM BY: _____

VA

FAYETTE COMMONWEALTH'S ATTORNEY'S OFFICE
CRIME VICTIM ASSISTANCE PROGRAM
LOSS REPORT

116 N. UPPER ST. • SUITE 300 • LEXINGTON, KENTUCKY 40507 • TELEPHONE (606) 246-2060

Commonwealth of Kentucky v. _____, Defendant(s)

I am the Victim in this case. I have suffered the following losses as a result of the defendants's crime:

FINANCIAL LOSS (cold checks, credit card fraud, etc.) $_____

_____

_____

_____

PROPERTY (stolen, repair) $_____

_____

_____

_____

OTHER EXPENSES $_____

_____

_____

_____

If an insurance company will pay any portion of these losses, please list the company, company address, and deductible.

_____

I HAVE ATTACHED DOCUMENTATION OR RECEIPTS FOR THESE LOSSES WHERE POSSIBLE. I CERTIFY THAT THIS A TRUE AND ACCURATE STATEMENT.

Name: _____

_____
(signature)

Address: _____

_____
(date)

_____

Home phone: _____

Work phone: _____

pros. initials

PLEASE RETURN THIS FORM BY: _____