

# RESTITUTION CLAIM FORM/VICTIM IMPACT STATEMENT

Please complete this entire form and return to:  
Crawford County Juvenile Probation  
286 Chestnut Street  
Meadville, PA 16335  
814-336-4061

In the Interest of : \_\_\_\_\_

Loss sustained by: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

Note: It is your responsibility to report any address changes to the Juvenile Probation Dept.

Please use this form to list any expenses you have incurred or paid as a result of this crime. Some sections may not apply to you. Please attach copies of bills, receipts, estimates of value, replacement cost, or other evidence of costs below. Attach additional pages as necessary.

**IF NO LOSS, check this box, mark communication request and sign at bottom of page**

Description of Loss: Items stolen, damaged, etc.	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach additional pages as necessary.

TOTAL LOSS \$ \_\_\_\_\_

## Insurance Information

Please complete this section if you received or expect to receive any payments from your Insurance Company. (Auto, Property, Medical, Homeowners)

Name of Company \_\_\_\_\_ Local Agent \_\_\_\_\_

Phone number \_\_\_\_\_ Policy Number \_\_\_\_\_ Claim# \_\_\_\_\_

Amount paid by insurance company \$ \_\_\_\_\_

(Deductible can be claimed as loss on page 1)

To help us better serve your needs; please check one of the following:

- Please continue all notifications regarding the progress of this case.  
 Please send no further communication. If you change your mind and would like notifications regarding this case, please contact this office at 814-336-4061.

**Please indicate if you would like an apology letter.**

- I would like an apology letter from the juvenile in this case.  
 I do not wish to receive an apology letter.

**\*I hereby swear that all the afore-listed information is absolutely true and correct to the best of my knowledge.**

Signature of Victim \_\_\_\_\_

Date \_\_\_\_\_

# Victim Impact Statement

As a victim of crime, you have a right to submit a statement to the Judge prior to the sentencing or disposition of a defendant.

This form is provided to you as a guideline only. You may write a letter on a separate sheet of paper if you wish. Please make certain that you include the above case number and the defendant's name at the top of your letter, along with words: Victim Impact Statement. Be sure to sign and date your statement.

**Please note:** By Law, a copy of your statement must be given to the defense counsel; therefore the defendant may see it as well.

**Name of Victim:**

Please describe any emotional changes you have incurred as a direct result of this criminal act.

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Were you physically injured as a result of this crime? \_\_\_\_\_  
If so, describe your injuries and any treatment you received.

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Were you unable to work as a result of this crime? \_\_\_\_\_ Did you lose wages? \_\_\_\_\_  
Describe the financial impact of this crime.

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Has your lifestyle or that of your family been affected by this crime? \_\_\_\_\_ If so, how? \_\_\_\_\_

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Is there anything else you would like the Judge to know regarding the impact of this crime?

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

If you need assistance in preparing a Victim Impact Statement, or have any questions, please do not hesitate to call the Crawford County Juvenile Probation Department at (814) 336-4061.