

## VICTIM IMPACT STATEMENT

Please type or print in ink.

County: <b>Pembina County</b>	File Number:
Defendant:	Offense Charged:

Although the State's Attorney does not represent you, the information you provide here may help the Judge & Prosecutor to better understand how this crime has affected you and/or your family. Copies of this statement may be provided to the Defense Attorney and Defendant. If you need more room for your answers, attach extra sheets and number the sheet with the question.

Victim:	Age of Victim:
Person Other Than Victim Completing Statement:	
Relationship To Victim:	
Reason Victim Did Not Complete Statement:	
Assert Marsy's Rights: YES [ ] NO [ ] (see Marsy's Card and Victim Rights pamphlet for list of rights as a victim)	

1. How have you and/or members of your family been affected by this crime?
2. Please indicate any thoughts or suggestions you have as to the sentence the court should impose on the defendant.
3. Would you like a no-contact order included?
4. Do you have any additional comments or suggestions?

## RESTITUTION CLAIM FORM

Please type or print in ink

Damages/Restitution: If you would like the court to consider restitution, please use this portion of the form to list any expenses you have had or paid as a direct result of this crime. Some of the sections may or may not apply to you. **Attach copies of bills, receipts, estimates of value, replacement costs, other evidence or supporting documentation verifying the claim of the costs listed below.** Please attach additional pages as necessary.

	<u>VALUE</u>
1. List any medical expenses: hospital stays, doctor bills, medication, counseling/therapy, rehabilitation services etc. _____	\$ _____
_____	_____
_____	_____
_____	_____
2. List damaged, destroyed or stolen property. _____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL:	\$ _____

If the loss was covered by insurance, complete the following. If the loss was not covered, write "NONE" in blank

**Medical Insurance:**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Deductible Paid \$ \_\_\_\_\_  
Amount Received \$ \_\_\_\_\_

**Property, Auto or Homeowners Insurance:**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Deductible Paid \$ \_\_\_\_\_  
Amount Received \$ \_\_\_\_\_

Have you applied for Crime Victim's Compensation? ☐ YES ☐ NO

If yes, please list amount received: \$ \_\_\_\_\_

Other (List sources and amount covered. Please use additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_

_____ Signature	_____ Date
--------------------	---------------

State of NORTH DAKOTA

County of \_\_\_\_\_

Subscribed and Sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public