MUNICIPAL COURT

300 W 4th Street – Craig, CO 81625 970-826-2018 gzimmer@ci.craig.co.us

VICTIM IMPACT STATEMENT

Victim: _____ Return By: _____

Date of Birth: _____ Phone: Home ( ) _____ Work ( ) _____

Address (street): _____

(mailing): _____

Defendant: _____ Case No.: _____

Charges: _____

Total PROPERTY loss: $ _____

Description: Property Loss and / or Damage	Recovered / Repaired?	Purchase Price / Date	Repair Cost Or Estimate

Was loss/repair covered by your Insurance? Yes No

Amount paid by insurance: $ _____ Deductible paid: $ _____

Name of your PROPERTY Insurance Company: _____

Address: _____

Agent Name: _____ Phone #: _____

Policy Number: _____ Claim #: _____

Total MEDICAL/THERAPY loss: $ _____

Specify Doctor, Hospital or Clinic Name and Phone No. (Please provide both)	Total Expense	Deductible or out-of-pocket loss	Amount paid by Insurance

Name of your MEDICAL Insurance Company: _____

Address: _____

Agent Name: _____ Phone #: _____

Policy #: _____ Claim #: _____

Have your expenses been paid by the DEFENDANT'S insurance company? Yes No

Amount Paid Property: $ _____ Medical: $ _____

Additional financial loss (wages, transportation, child care, etc.)

_____

_____

_____

Please describe any changes in your personal Welfare/Lifestyle or Family Relationship caused by the Offense.

_____

_____

_____

_____

Please write any comments or recommendations you have concerning sentencing, punishment and treatment:

_____

_____

_____

_____

_____ _____

Signature of Victim Date Completed

_____ _____

Municipal Court Administrator Date Received

(Please attach copies of all bills, receipts and estimates for above items)