

(Date)

COMMONWEALTH VS. (Defendant / Juvenile's Name)

CASE NUMBER: Criminal/Juvenile 2007

Victim's Name

Victim's Address

The Court wishes you, as a victim of a crime, to be advised of the opportunity to provide pertinent information concerning the IMPACT of the criminal offense on you. **Please complete the enclosed information and return it within fourteen (14) days.**

VICTIM IMPACT STATEMENT

Enclosed you will find a Victim Impact Statement that gives you the opportunity to provide pertinent information regarding the impact that this crime has had on you and your family. You also have the opportunity to provide a verbal impact statement at the time of disposition.

RECOVERY OF FINANCIAL LOSS

If you have suffered financial loss as a result of this crime, you have the right to claim your losses through restitution. The restitution form must be completed and submitted to this office in order for restitution to be considered. You must submit documentation (receipts and/or estimates) for your financial loss. Your financial loss must first be submitted to any applicable insurance (auto, medical, homeowners, etc.) coverage that you have. Please include your insurance company name, telephone number, address and claim number on the restitution.

You may also be eligible for reimbursement through the Pennsylvania Crime Victims Compensation Program. For additional services such as information on the PA Crime Victims Compensation Program, court accompaniment, free counseling, advocacy, please contact Victim Services, Inc. at 1-800-755-1983.

If you have any questions, need assistance, or did not incur any financial loss, please contact Lee Ann Miller at (814) 445-1678 between the hours of 7:00 AM – 3:00 PM, or a message can be left 24 hours a day, 7 days a week at this number. Any correspondence can be mailed to the Somerset County Probation Department, ATTN: Lee Ann Miller, 300 North Center Avenue, Suite 100, Somerset, Pennsylvania 15501.

VICTIM RESTITUTION FORM

COMMONWEALTH vs. _____

CRIMINAL / JUVENILE NUMBER: _____

VICTIM'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (Home) _____ (Work) _____

Describe your financial losses as a result of this crime. You must include copies of receipts and/or estimates. If you did not incur any losses, please write "No Loss" and return this form to our office. This claim must be submitted to any available insurance company before requesting restitution.

DESCRIPTION: _____

Amount of Loss: _____

DESCRIPTION: _____

Amount of Loss: _____

DESCRIPTION: _____

Amount of Loss: _____

DESCRIPTION: _____

Amount of Loss: _____

TOTAL AMOUNT OF LOSS: \$ _____

AMOUNT COVERED BY INSURANCE: \$ _____

"OUT OF POCKET" EXPENSES INCURRED BY VICTIM: \$ _____

Your financial loss must first be submitted to any available insurance company before restitution will be considered. If you do not have insurance coverage for your financial loss, please indicate, "No Insurance". If your loss is covered by insurance or there is a claim pending, please provide the following information:

NAME OF INSURANCE COMPANY: _____

ADDRESS: _____

ADJUSTER'S NAME: _____

TELEPHONE NUMBER: _____

CLAIM / POLICY NUMBER: _____

