Labette County Attorney's Office Victim Impact Statement & Restitution Form

Rev. Aug 13, 2015

You have no obligation to complete this form; however, you do have the right. Kansas law allows for the participation of the victim in criminal matters. When you are willing to participate, it makes our job much easier and we greatly appreciate your participation. Accordingly we have created this Victim Impact Statement & Restitution Form to gather the initial information that we believe is important in the prosecution of all cases. Please feel free to contact our office if you need information, want to check the status or want to discuss this matter.

Kansas law allows for the recovery of restitution for victims of crimes. If you do not complete this form and return it to our office, we will be unable to recover restitution on your behalf.

Crime victims can be awarded restitution which can include money. Restitution is designed to bring a victim back to the position in which they would have been, if the crime never occurred. Restitution cannot be punitive or excessive. However, if the defendant is found guilty, we must still prove the amount of your damages to determine the amount of restitution you should receive. This form is the first step in this process. Please be as thorough as possible making sure to attach copies of any receipts, invoices or estimates as appropriate. Notice we ask for copies, you should retain your originals and bring them with you to trial or any restitution hearing that is set.

If the defendant is convicted of the crime(s) in this matter, a pre-sentence investigation report may be ordered by the court. As part of the pre-sentence investigation report the Court Services Office will be sending you an information packet asking for information regarding your court experience, how the crime affected you, and restitution information. Even though Court Services can request the information you supply us in this packet, it is necessary that you also reply to their requested information. This allows them to complete a full and accurate report for the Judge to review at sentencing.

Please return this completed form to: Labette County Attorney 201 S. Central, Suite B Parsons, KS 67357

Case Identifying Information
This information helps us associate this form with our records. You should write down the case number in your information as we will ask for it when communicating with you.
Name of Defendant(s):Case Number(s):

Personal Information

This information allows us to keep in contact with you. If any of this information changes, please let us know as soon as possible.			
My name is:			
My address is:			
Telephone information			
Home:	Cell:		
Work:	Other:		
Notification			
However, there are many court date Most of these dates will be schedulir moving forward. We want to keep y Accordingly, you can select your des	e, is only required when you are subpoenaed. s that will be set for which you will not be subpoenaed. ng conferences that are set to ensure the case continues ou informed to whatever extent you desire. ired level of attendance below.		
Please select only one option:			
[] I wish to be notified of all public hearings which will take place in this case including scheduling conferences			
[] I wish to be notified of all public hearings where anyone will testify			
[] I wish to be notified only when I need to testify			
Punishment			
-	ollow the laws of the State of Kansas. These laws s. However, we want to know what you believe is a fair		
[] Jail or Prison	[] Fine		
[] Probation	[] Community Service Work		
[] Other:			

Loss Information		
Since restitution must be the value needed to br been had the crime not occurred, we must have is needed. Please understand that you cannot in emotional distress, etc. You can only include ac	information to establish hoviclude costs for any pain and	w much money
The nature of my loss is (check all that apply): [] Items are missing [] Medical expenses	[] Damaged items [] Other:	
[] I have attached copies of all the documents I estimates) proving the amount of my loss.	have (including receipts, in	voices and
Please list all items and amount of loss for each	item (attach additional pape	r if necessary):
Item Name or Descript	tion	Amount of Loss
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Insurance against Loss		
You cannot recover restitution for amounts you expose yourself to civil liability and possibly crit restitution when your insurance company made disclose to us any amount paid by your insurance [] Please mark this box if you have insurance the Please list the name and address of the insurance.	minal charges if you attempt e payment to you. According ce company. nat covered this crime	to recover ly, you must

In regard to this crime, my insurance paid a total amount of: \$ _____

The amount of my insurance deductible is: \$				
I am requesting restitution in the amount of: \$				
Statement				
This is where you can, it is your option, provide a statement regarding how the crime has affected you (attach additional pages if necessary):				
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I acknowledge the following:

- 1) I am under no legal obligation to complete this form;
- 2) As a victim, I have the right to retain an attorney at my own cost;
- 3) I understand that I might have a civil cause of action against the defendant and that the Labette County Attorney's office cannot give me legal advice, this means that the Labette County Attorney's office cannot tell me if I have a civil claim or not and that the duty to consult with a private attorney falls on me and me only; and
- 4) I understand that the ultimate decision regarding prosecution in this case is the decision of the County Attorney.

decision of the County Attorney.	
Victim (Signature)	Date