

Defendant's Name

Case Number

Probation Officer

## VICTIM IMPACT STATEMENT

**Description of Offense** (Describe what happened in your own words; include dates)

**Extent of Injury/Loss** (Describe injuries sustained, property stolen or damaged, and attach bills and/or estimates, if available)

**Recovery Information** (If property was stolen, please list items recovered, as well as cost of any needed repairs)

**Insurance** (If claim was submitted, please complete information below)

Agent:

Phone#

Claim#

Amount Received:

Deductible:

**Actual Out-of-Pocket Loss** (Please indicate total amount of restitution requested and how determined)

**Victim's View toward Sentencing** (Write any recommendations toward sentencing or additional information you may wish the Court to consider)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach additional sheets as necessary, and return to the Livingston County Probation Department, 6 Court Street, Room 101, Geneseo, New York 14454 **no later than** \_\_\_\_\_