

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR HILLSBOROUGH COUNTY
JUVENILE JUSTICE DIVISION

IN THE INTEREST OF:

UNC NUMBER: _____

FAMILY NUMBER: _____

Defendant's Name:

DIVISION: _____

A CHILD

VICTIM'S IMPACT STATEMENT

Victim's Name: _____

Fill out this next section if Victim is a Minor or name of next of kin (if victim deceased).

Name of Parent/Guardian/Next of Kin _____

1. **RESTITUTION**

Are you requesting restitution? _____

If yes, please attach copies of bill, receipts or estimates documenting your injury or losses. DO NOT SEND ORIGINAL BILLS.

Total Amount of Restitution requested: \$ _____

Number of bills and receipts attached: _____

2. **PHYSICAL INJURIES**

Did you receive injuries which required medical treatment? Yes or NO

If yes, describe your injuries:

Doctor's Name:

Name of Hospital if hospitalized:

Did you receive any psychological services?

List all other medical services or medical devices as a result of this Crime:

Total cost of medical treatment: \$

3. PROPERTY STOLEN OR DAMAGED

List all damaged or stolen as a result of this crime:

Item	Damaged	Stolen	Repair or Replacement Cost

NOTE: You may attach an additional document to list other items. Please indicate whether stolen or damaged and the cost of repair replacement if not recovered.

4. LOST INCOME

Days missed from work as a result of this crime:

Number of days:		Rate of pay:	/hr.
Total amount of loss income:			\$
<i>(Attach proof of income)</i>			

5. INSURANCE

Do you have insurance to cover your injuries, losses or expenses? _____

Insurance Company: _____

Address: _____

Claim Number: _____ Amount of Deductible: \$ _____

Is there any other coverage of your expenses such as Medicare, Crimes Compensation, etc.? _____

If yes, list source: _____

Amount received: \$ _____

6. VICTIM COMMENTS

This is your opportunity to let the Court know how this crime has affected you or your family and what hardships you have experienced as a result of this crime. You may include pain and suffering, inconvenience or change in your lifestyle. Attach additional sheets if necessary.

Return to:

**State Attorney's Victim Assistance Office
419 N. Pierce Street, 3rd Floor
Tampa, Florida 33602-4022**