



**2. Physical Impact**

Please describe any physical injuries you sustained as a result of this incident, and any medical treatment you received:

---

---

---

---

---

---

---

---

Total cost **to you** of medical treatment: \_\_\_\_\_

If bills were covered by insurance, please indicate: \_\_\_\_\_

**3. Financial Impact**

Please describe any financial impact this crime has had on you, including loss of or damage to property that resulted from this crime:

---

---

---

---

---

PLEASE NOTE: If you are requesting restitution for your out-of-pocket financial losses, you **MUST** also complete a **RESTITUTION INFORMATION FORM**.

**4. Sentence Recommendation**

Please indicate your recommendation as to sentencing of the defendant:

---

---

---

---

---

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

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

If prepared by someone other than the victim, please state your relationship to the victim:

---