

**RESTITUTION CLAIM FORM &  
VICTIM IMPACT STATEMENT**

Please print  
DEFENDANT: \_\_\_\_\_

Office will supply  
CAUSE #: \_\_\_\_\_

VICTIM: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Please list the expenses that you have incurred as a result of this crime. You must include copies of receipts, estimates, bills, and/or insurance settlement forms and return them immediately to: Johnson County Prosecutor's Office, 2030 N. Morton St. Franklin, IN 46131 **Failure to return this form and proof of your costs will result in the loss of opportunity to request restitution. The final decision to order restitution rests exclusively with the judge.**

**PERSONAL INJURY**

Itemize all medical, dental, and optical expenses on a separate sheet of paper and attach.

TOTAL \$ \_\_\_\_\_

**PROPERTY DAMAGE**

Itemize all losses and damage to property using actual repair or replacement costs.

TOTAL \$ \_\_\_\_\_

**INSURANCE DEDUCTIBLE** If applicable.

TOTAL \$ \_\_\_\_\_

**INSURANCE COVERAGE** Amount covered by insurance.

TOTAL \$ \_\_\_\_\_

**SUBTRACT ANY AMOUNTS PAID BY INSURANCE**

SUBTOTAL \$ \_\_\_\_\_

**OUT OF POCKET EXPENSE**

**FINAL TOTAL \$ \_\_\_\_\_**

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If you expect to have additional out of pocket expenses as a result of this crime please check here.

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**VICTIM IMPACT STATEMENT**

In the event that you are not required to be present for the sentencing of the defendant, you are entitled to describe how this crime affected you physically, financially, and emotionally on this form. Please attach more pages if needed. Your written statement may then be presented to the judge.

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COURT HEARING NOTIFICATION FORM**

Please check here if you want to attend the Sentencing hearing \_\_\_\_\_

Please check here if you want to provide a victim impact statement to the court at the Sentencing hearing \_\_\_\_\_

**It is your responsibility to provide the Johnson County Prosecutor's Office with a current address and phone numbers where you can be reached, and to update this information as needed. The Victim Assistance Program will be unable to provide you with information on this criminal case unless up-to-date information is on file.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please list a family member or close friend who will know how to contact you at all times:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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