



VICTIM IMPACT STATEMENT
Lafayette Municipal Court
451 N. 111th Street, Lafayette, CO 80026
303-604-8000
municipalcourts@lafayetteco.gov

Defendant Name: _____

Case Number: _____

A copy of this statement will be provided to the judge, the defendant/defense counsel, and the Prosecutor

Name of Person Filing Out Form: _____

Name of the Victim (if different than above): _____

Do you plan on coming to court? Yes No

PART I. SENTENCING CONSIDERATIONS

Share any thoughts or issues you would like the judge to consider at sentencing. Attach additional pages as needed.

PART II. EFFECTS OF THE CRIME ON YOU/YOUR FAMILY

Please describe injuries, losses, and the overall effects this crime has had on you, your family, and/or your business. Include any fears or lifestyle changes. Attach additional pages as needed.



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PART III. ECONOMIC IMPACT	
A. ECONOMIC LOSSES: Use this section to document out-of-pocket economic and financial losses that were caused by the crime. It is very important that you attach copies of bills, receipts, invoices, estimates, payroll check stubs or a specific explanation to prove the loss you are requesting to be considered for restitution, you may redact personal information such as your social security number.	
DESCRIPTION OF LOSS/EXPENSE	COST
	\$
	\$
	\$
	\$
	\$
TOTAL LOSS:	\$
B. INSURANCE INFORMATION: If some or all of your losses were covered by auto, homeowner's or renter's insurance what was your total deductible(s):	
INSURANCE COMPANY	DEDUCTIBLE
	\$
	\$
	\$
TOTAL DEDUCTIBLE(S)	\$
Provide insurance company and policy information below:	
C. RESTITUTION CLAIM: Total amount of restitution owed to you, total items that were not recovered by insurance plus any deductible(s).	
\$	

CERTIFICATION & RELEASE: I do hereby swear that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Printed Name: _____