**Victim Impact Statement: Economic Loss/ Restitution Form**

OFFICE OF THE SCOTT COUNTY ATTORNEY:
Rebecca J. Faurot
303 Court St., Scott City, KS 67871
**T:** (620)872-3600 **F:** (620) 875-5666 **E:** rjflaw@att.net

Defendant's Name:_____

Main Charge: _____

Victim Name:_____

Address:_____

Home Phone:_____Work Phone:_____Cell Phone: _____

Email: _____

☐ I do not desire any restitution for the following reasons:

_____

_____

_____

☐ I am the victim of this crime and I wish to request payment of restitution. Description of Damage/Nature of Injuries:

_____

_____

_____

☐ I am aware that another person may have incurred damages associated with this crime. List Name, Address and Phone:

_____

_____

Amount Requested $ _____ Payable to: _____
Amount Requested $ _____ Payable to: _____
Amount Requested $ _____ Payable to: _____

****ANY AMOUNT REQUESTED MUST BE SUBMITTED WITH PROOF: SUCH AS RECEIPTS, BILLS, INSURANCE STATEMENTS OR ESTIMATES UNLESS CASE INVOLVES STOLEN CASH. FAILURE TO SUBMIT PROOF MAY RESULT IN NO RESTITUTION BEING ORDERED.****

**INSURANCE INFORMATION**

Have you filed a claim with your insurance company regarding this incident? ☐ Yes ☐ No
If yes, please complete the information below:

_____ _____
Insurance Company & Agent — Policy and Claim Number

_____ _____
Address of Insurance Company — Telephone Number

_____ _____
Amount of Deductible — Amount Paid by Insurance Company

******ATTACH COPIES OF INSURANCE FORMS SHOWING YOUR DEDUCTIBLE AND HOW MUCH THEY PAID FOR YOUR LOSS.******

**By signing, I state that the above information is true and correct to the best of my knowledge.**

_____ _____
**Date** — **Signature**