



**CITY PROSECUTOR'S OFFICE  
VICTIM SERVICES PROGRAM**  
16081 North Civic Center Plaza, Suite 104  
Surprise, Arizona 85374  
OFFICE (623) 222-1177  
FAX (623) 222-1141

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## VICTIM IMPACT STATEMENT

As a crime victim, you have the right, pursuant to A.R.S. §13-4426 and 13-4426.01, to make an impact statement to the court at the sentencing phase of the criminal justice process. An impact statement is your opportunity to let the judge know how the crime committed against you has directly impacted you. If you choose to make an impact statement, your impact statement may be made verbally to the judge at the time of sentencing, or you may choose to submit your impact statement in writing. You may use this form as a guide to assist you in preparing a written impact statement or you may write your own. Attach additional pages if necessary.

Completed impact statements should be faxed, mailed or delivered to the Surprise City Prosecutor's Office.

Please know that impact statements are subject to disclosure and **WILL NOT remain confidential**. This means that **copies of your impact statement WILL BE provided to the Court and the Defendant/Defense Counsel**. If you have any questions, please contact the Surprise City Prosecutor's Office at (623) 222-1140 or Victim Services at (623) 222-1177 prior to completing this form.

Defendant: \_\_\_\_\_ Case # \_\_\_\_\_

Court Date/Hearing Type: \_\_\_\_\_

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

Person Preparing Statement: \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_

1. How has this crime affected you and/ or the other parties involved in this incident?
2. Has this crime impacted your ability to perform daily duties, perform work duties, meet educational obligations or enjoy any other activities which you previously performed or enjoyed? Please explain.
3. Describe any financial loss suffered as a result of this crime and attach documentation which supports or details these amounts.
4. Please indicate the amount of financial loss covered by insurance, victim compensation or other sources.
5. What are your thoughts regarding the sentence the court should impose upon the defendant as a result of this incident?

**I certify that the information in this Victim Impact Statement is true, complete and correct to the best of my knowledge.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>For internal use only.</b>	Date Distributed:	Initials:
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## RESTITUTION WORKSHEET

“Restitution” is repayment for expenses a victim incurs as a direct result of the crime committed against them and/or their property. Examples of restitution eligible expenses include the repair or replacement of items damaged during the commission of the crime, prescription and medical bills for injuries sustained as a result of the criminal act and lost wages or any other reasonable costs incurred to attend trial.

If you are seeking restitution, you must substantiate your request by including copies of receipts, invoices or estimates. If the defendant protests the restitution request, your presence will be required at a future Restitution Hearing.

Any restitution awarded is paid to the court by the defendant and then forwarded to you. The defendant will not receive your contact information from this office or the court. Please understand that because of the way this process is structured, it can take 4-6 weeks to receive restitution payments once they are made to the court.

Criminal restitution does not include pain and suffering, damages or punitive damages. These damages can only be recovered in a civil suit which you must initiate outside of these criminal proceedings. Failure to seek or recover restitution does not disqualify a victim or victim’s insurance company from seeking civil damages in the appropriate civil court.

Following sentencing, if restitution is awarded to you by the court, you have the right, pursuant to A.R.S. §13-806(C)(2) to request that the court impose a restitution lien against the defendant.

Defendant Name: \_\_\_\_\_ Defendant DOB: \_\_\_\_\_  
Victim Name: \_\_\_\_\_ Court Case #: \_\_\_\_\_  
Police Report #: \_\_\_\_\_

- No, I did not suffer economic loss.**
- Yes, I did suffer economic loss and am requesting restitution upon conviction.**
  - Receipts and estimates are attached.
  - Receipts and estimates are not attached because: \_\_\_\_\_

Restitution Amount Requested: \$ \_\_\_\_\_  
Amount Covered by Insurance: \$ \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Agent/ Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Will there be ongoing expenses? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of additional pages attached: \_\_\_\_\_



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### VICTIM CONTACT INFORMATION

**This form is CONFIDENTIAL and WILL NOT be disclosed to the Court, Defendant or Defense Counsel.**

The information provided on this form will be used to keep you updated as your case progresses through the criminal justice system and to ensure you are made aware of your rights at each stage in the process. Failure to keep this office apprised of your current contact information may be deemed a waiver of some or all of your Victims Rights. Please fax, mail or deliver completed forms to the Surprise City Prosecutor's Office.

For a variety of reasons, including safety, you may prefer that we leave messages or send mail correspondence regarding your case in care of a family member or friend. If that is the case, please indicate that below when completing this form.

If you have any questions, please contact the Surprise City Prosecutor's Office at (623) 222-1140 or Victim Services at (623) 222-1177 prior to completing this form.

Defendant: \_\_\_\_\_ Case # \_\_\_\_\_

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

#### VICTIM CONTACT INFORMATION- PRIMARY.

Street Address:	
City, State, Zip:	
Cell Phone:	
Home Phone:	
e-mail:	
<i>Check only one:</i>	<input type="checkbox"/> The above is my preferred contact information. <input type="checkbox"/> Please use this ONLY as backup contact information.

#### VICTIM CONTACT INFORMATION- ALTERNATE:

Name of Family/Friend:	
Street Address:	
City, State, Zip:	
Cell Phone:	
Home Phone:	
<i>Check only one:</i>	<input type="checkbox"/> The above is my preferred contact information. <input type="checkbox"/> Please use this ONLY as backup contact information.

