

PLEASE RETURN THIS FORM WITHIN 14 DAYS TO:

Victim Witness Office
Greene County Prosecuting Attorney
1010 Boonville
Springfield, Missouri 65802

Please note that failure to return this form may result in you not receiving notifications about the case or restitution.

VICTIM CONTACT INFORMATION

DEFENDANT: _____

CHARGE(S): _____

DATE OF OFFENSE: _____

IMPORTANT: *Missouri law gives you the right to be informed of and heard at guilty pleas, bail hearings, sentencing and probation revocation hearings. Please complete this form to verify your contact information so we can keep you informed about the status of your case. (Please print)*

NAME: _____

CELL PHONE: _____ **HOME PHONE:** _____ **WORK PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

E-MAIL ADDRESS: _____

Please choose a notification method:

- I would like to receive notices from the prosecutor's office by email.**
 I would also like to be alerted that I have an email notice by text (message and data rates may apply)
 I would also like to receive automatic updates about court proceedings by email. Please enroll me in the Missouri Victim Automated Notification System (MoVANS).

OR

- I do not want updates by email but would like notices sent to me by mail. *(may delay notification)*

OR

- I do not request notification of court proceedings about the case.

(PLEASE IMMEDIATELY ADVISE THE VICTIM/WITNESS OFFICE OF ANY CHANGES IN YOUR EMAIL ADDRESS, PHONE NUMBER, OR MAILING ADDRESS. BAD ADDRESS INFORMATION COULD RESULT IN DISMISSAL OF THE CASE)

VICTIM IMPACT STATEMENT

Victim Name: _____

Please state what impact this crime has had on you or your family: (use other side if needed)

Were you injured? (Describe)

Was your life or physical wellbeing threatened? (Describe)

Do you have suggestions as to the appropriate punishment for the defendant?

Restitution Claim

Victim Name: _____

Under Missouri Law, you have a right to restitution which is enforceable in the same manner as any other cause of action provided by law. To request restitution, we must have specific information about your out-of-pocket expenses and losses related to the crime charged and supporting documentation. If you have significant losses related to things like time off from work, future earnings or emotional trauma, you may wish to seek the advice of a private civil attorney about possible civil claims. To assist the Prosecuting Attorney's Office in seeking restitution as part of the defendant's sentence in this criminal case please provide the following information:

Medical Expenses

Total: \$ _____ Total covered by insurance: \$ _____

Was it covered by your insurance or the defendant's? mine defendant's

Insurance Company Who Made Payment _____

If your insurance paid, did you pay a deductible? Yes No Deductible: \$ _____

Please provide additional information about what is included in the total in a separate piece of paper. Please attach or enclose with this document medical provider billing statements or other supporting documentation for your request.

Stolen/Missing Item(s)

If more than one item is or was stolen/missing, please list individual items on a separate piece of paper with the value, insurance and status information requested below.

Item/Description: _____

Total Value of Item(s): \$ _____ Age of Item: _____

Total covered by insurance: \$ _____ Insurance Company _____

If your insurance paid, did you pay a deductible? Yes No Deductible: \$ _____

Were any items returned by police or being held by police as evidence or returned to you in any other way?

Damaged Item(s): *(attach or enclose repair invoices or estimates)*

If more than one item was damaged, please list individual items on a separate piece of paper and all of the information requested below for each item.

Item/Description: _____ Age of Item: _____

Decrease in Value of Item(s) Due to Damage or Repair Costs: \$ _____

Total covered by insurance: \$ _____ Insurance Company: _____

If your insurance paid, did you pay a deductible? _____ Yes _____ No Deductible: \$ _____

Have you sold, scrapped or otherwise disposed of damaged property? Yes No If yes, please list how much if any payment you received. \$ _____

Other Losses or Expenses caused by the crime (please be specific and attach documentation): _____

Amount of other loss or expense: \$ _____

TOTAL OF ALL LOSSES CLAIMED: \$ _____

(Please remember to attach copies of any written bills, invoices receipts, estimates, photos, and itemized lists, etc. – these are necessary for us to prove the amount of the loss in court)