

VICTIM LOSS FORM

RE: STATE OF FLORIDA vs. _____ **Case No** _____

Victim's Name: _____

Victim's Email: _____

Address: _____

Home Phone: _____ Work Phone: _____

Next of Kin: _____

Please notify the State Attorney's Office if there is any change in your address or phone number.

Mail form to: Wakulla County State Attorney's Office, 3056 Crawfordville Hwy., Crawfordville, FL 32327

Please attach copies of any bills or receipts for medical expenses and/or property repair or replacement to this form to support your computations. If restitution is owed for property damage that you are unable to repair or replace at this time, please include an estimate for the repair or replacement or a copy of the original purchase receipt. Otherwise, we will be unable to ask for restitution in your case. Please send only copies of the bills/receipts and keep the originals for your own records.

PROPERTY LOSS

Amount You Paid Out of Pocket for Repair/Replacement (Insurance Deductible, if Applicable)	\$ _____
Amount Insurance Paid, if Applicable	\$ _____
Amount of Estimated Cost of Repair/Replacement	\$ _____
Total Amount of Property Loss	\$ _____

MEDICAL EXPENSES

Amount You Paid Out of Pocket for Medical Treatment	\$ _____
Amount Insurance Paid, if Applicable	\$ _____
Total Amount of Medical Loss	\$ _____

TOTAL OF BOTH PROPERTY LOSS AND MEDICAL LOSS \$ _____

Please feel free to contact the Victim Assistance Unit at (850) 926-0914 if you need help in completing this Victim Loss Form or for any other type of victim assistance.

Your Signature: _____ Date: _____

OVER⇄⇄

Victim Impact Statement

We are so sorry that you or someone close to you has been the victim of crime. It's important that the Assistant State Attorney handling your case understands how this crime has affected you physically, emotionally and financially. You may also have some strong feelings about what should happen to the Defendant in the case. So please take a moment to write down your thoughts and feel free to attach a separate page if you need more space.

MARSY'S LAW

As the victim of crime, you have the right to be informed, present and heard throughout the Criminal Justice System. Marsy's Law has added some additional rights for crime victims into the Florida Constitution. We have attached a complete listing of your rights as a victim under Marsy's Law but request your input regarding how much notification you want to receive and your right to confidentiality.

Please choose only one option:

- To be notified of EVERY court proceeding in my case. (Please provide an email address for notifications)
- To be notified of only the crucial stages (This will be done automatically.)
- To only be notified if my attendance is required.

Would you like to exercise your right to keep your name and identifying information confidential and kept out of public record? Yes No

VICTIM COMPENSATION

The Attorney General's Office Victim Compensation is a state program to assist eligible victims and/or survivors with medical, counseling and/or funeral expenses and lost wage benefits. There is also a Domestic Violence, Sexual Violence and Human Trafficking Relocation Program. THIS PROGRAM DOES NOT COVER PROPERTY LOSS OR DAMAGE (unless you are an adult over age 60 or a Disabled Adult). For an on-line application visit Myfloridalegal.com or call 800-226-6667.

Please feel free to call the Victim/Witness Assistance Unit at (850) 926-0914 if you need help completing the Victim Compensation application, your Victim Impact Statement or for any other information on services available to crime victims.

Your Signature: _____ Date: _____