



**BOX ELDER COUNTY  
VICTIM SERVICES**  
81 NORTH MAIN STREET, SUITE 102  
BRIGHAM CITY, UTAH 84302

**VICTIM RESTITUTION STATEMENT**

This statement will help the Court understand the financial impact of this crime on your life and/or that of your family. Once returned, your statement will become part of the presentencing report reviewed by the judge before the defendant is sentenced.

If you choose to complete this form, please return it to my office at the above address within 10 days of receiving this document. If this is not possible, please contact me to make further arrangements.

HAS LOSS BEEN SUFFERED? Yes ( ) No ( )

**1. DAMAGES: (to support your claim, attach copies of receipts, cancelled checks, estimates or bills with this form)**

List property stolen, destroyed or damaged and its value: (use additional pages if necessary)

Item Description:	Value: (\$)

List medical expenses: (include counseling or therapy)

Item Description:	Value: (\$)

Other damages/losses being claimed:

Item Description:	Value: (\$)

TOTAL DAMAGES: \$ \_\_\_\_\_

2. REIMBURSEMENT RECEIVED: (attach documentation if needed)

Property / Auto Insurance:

\$

Medical Insurance:

\$

Crime Victim Reparations Compensation:

\$

Other: (List source and amount)

\$

TOTAL REIMBURSEMENTS:

\$

**TOTAL LOSS CLAIM: (Total Damages Minus Total Reimbursements)**

\$

3. YOUR INSURANCE COMPANY INFORMATION: (if needed)

Company Name:

Company Address:

Agent's Name:

Phone Number:

Policy Number:

Claim Number:

Amount of Deductible:

Amount Insurance Paid:

4. ARE POLICE HOLDING YOUR PROPERTY AS EVIDENCE?

Yes ( ) No ( )

If yes, please identify:

---

---

---

Which Police Department is it located:

---

5. DO YOU WISH TO BE NOTIFIED OF FUTURE HEARINGS IN THIS CASE?

Yes ( ) No ( )

6. DO YOU WISH TO BE NOTIFIED OF THE RESOLUTION OF THIS CASE?

Yes ( ) No ( )

7. DO YOU WISH TO BE NOTIFIED OF AN EXPUNGEMENT PETITION IN THIS CASE?

Yes ( ) No ( )

8. HAS SOMEONE OTHER THAN THE VICTIM COMPLETED THIS FORM?

Yes ( ) No ( )

If yes, who? (Please provide name and phone)

---

**I declare under penalty of law that the above information is true and correct.**

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

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

SSN: \_\_\_\_\_ Or TIN: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: (include zip code) \_\_\_\_\_

---

---

