



**Victim/Witness Assistance Program of Adams County**  
*Support Services for Victims of Crime*

**RESTITUTION and VICTIM IMPACT STATEMENT**

**Defendant:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

As the victim of a crime, you have the right to submit a **Restitution** request for any direct financial loss and a **Victim Impact Statement (VIS)** to describe how this crime has affected you or your business. This is a voluntary statement and you are under no obligation to fill out this form. This statement is not confidential and may be given to the defense counsel. Therefore, the defendant may see it as well.

**Name of Victim** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**1. PROPERTY (damaged, lost, or stolen)**

Please list the item, its value and check whether insurance covered any loss. Please attach all bills, estimates, receipts, and/or proof of value. *Use additional pages if necessary.*

<i>Item</i>	<i>Value</i>	<i>Insurance</i>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Total amount of out of pocket loss \$** \_\_\_\_\_

Insurance type: \_\_\_None \_\_\_Auto \_\_\_Homeowner \_\_\_Renter \_\_\_Defendant \_\_\_Other

Did you pay a deductible? \_\_\_No \_\_\_Yes If yes, how much? \$ \_\_\_\_\_

**2. FINANCIAL (forgery, bad checks, credit/debit card misuse, etc.)**

Were you reimbursed? \_\_\_No \_\_\_Yes If yes, how much? \$ \_\_\_\_\_ **Total amount of out of pocket loss \$** \_\_\_\_\_

**3. The VICTIM IMPACT STATEMENT is not a retelling of the incident, but a description of how you or your business has been impacted by this crime. *Attach additional pages if necessary.***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. If the defendant is eligible for the Accelerated Rehabilitative Disposition (ARD) Program, and successfully completes the program, the defendant's charges will be expunged (removed from the public criminal record). The requirements of this program include: court costs, restitution paid in full, crime prevention classes, community service, recommended counseling, and a period of probation. The decision to accept or deny enrollment into the ARD program is at the discretion of the District Attorney. However, your position and input are greatly considered. Please check whether you approve or object. \_\_\_ **Approve** \_\_\_ **Object****

**5. If there is NO RESTITUTION owed to you, please check this box and return the form to us.**

**Signature of Victim** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN TO:** Victim/Witness Assistance Program, 117 Baltimore Street, Gettysburg, PA 17325

Phone: 717-337-9844 | Fax: 717-334-3859