



2. Were you physically or emotionally injured because of this crime?

YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, explain the extent of your injury. Explain how serious it was. Explain how long the injury lasted or will last.*

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3. Did you seek treatment for your physical injury?

YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, explain the treatment. Explain how long the treatment was or will be needed. (On page 4., please include verification of the cost of this treatment to you.)*

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4. Were you or your family psychologically (emotionally) injured because of this crime?

*Explain.*

YES \_\_\_\_\_ NO \_\_\_\_\_

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5. Have you or your family received counseling or therapy because of this crime?

YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, explain how long you or your family has received and/or will receive counseling or therapy. (On page 4., please include written verification of the costs to you and projected future costs as well.)*

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6. Has this crime affected your ability to earn a living?

YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, explain how. Mention any days lost from work. (On page 5., please list the amount of income lost and include written verification from your employer.)*

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7. ADDITIONAL COMMENTS: Explain any other change in your personal welfare or other problems you or your family have experienced because of this crime. *(Other family members may wish to include statements of their own.)*

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8. SENTENCING: please indicate your feelings on the sentence that you feel the defendant should receive for committing this crime. *(If a Plea Agreement has been reached, you may just want to address the terms of the proposed agreement.)*

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**FOR COURT USE, YOU MUST ATTACH COPIES OF BILLS, RECEIPTS,  
AND/OR WRITTEN VERIFICATION OF ALL LISTED EXPENSES/LOSSES.**

EXPENSES / BILLS : (Medical/hospital treatment, counseling, funeral/burial, etc...):  
Indicate the full amount of any expense/bill incurred as a result of this crime, whether or not all or part of that amount was covered by insurance, and the out-of-pocket expense to you (amount not covered by insurance or the full amount if you do not have insurance).  
If any of the expenses/bills were covered by insurance, please supply the name of the insurance company and address in the space below. (It is recommended that you also attach a copy of an insurance claim activity sheet or some other documentation of your settlement.)

<u>Type of expense/bill:</u>	<u>Amount:</u>	<u>X if covered by insurance:</u>	<u>Amount not covered:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_

**PLEASE INDICATE THE INSURANCE SETTLEMENT AMOUNT:**

\_\_\_\_\_

**KIND OF LOSS:** (Property stolen, damaged, destroyed, etc...):

Indicate the type of property, the value of the property when lost (mark an X if property was recovered), whether or not all or part of that amount was covered by insurance, and the final amount of the loss to you. (This amount should indicate either the value of the property not recovered or, if recovered, the actual loss to you not covered by insurance.) If any loss is covered by insurance, please supply the name of the insurance company and address in the space below. (It is recommended that you also attach a copy of an insurance claim activity sheet or some other documentation of your settlement.) Also, please include verification of any repair/replacement costs.

<u>Type of Property:</u>	<u>Value of Property:</u> <u>(X if Recovered)</u>	<u>X if covered</u> <u>by insurance:</u>	<u>Loss amount/</u> <u>Amt. Not covered:</u>
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Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_

**PLEASE INDICATE THE INSURANCE SETTLEMENT AMOUNT:**

Indicate the number of any lost work days: \_\_\_\_\_ lost wages: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_

If this crime is a felony, and if the defendant is sentenced to the West Virginia Department of Corrections, I understand that to receive notice about any parole, I must contact in writing:

*West Virginia Board of Probation and Parole  
1409 Greenbrier St  
Suite 220  
Charleston, WV 25311*

I know that I must send notice about any change in my mailing address to receive notification.

Innocent victims of crime may also be eligible to receive certain compensation and medical benefits from the W.V. Crime Victims Compensation Fund. Additional information and claim forms may be obtained by calling or writing to:

*Monongalia County Victim  
Assistance Program  
75 High Street  
First Floor Justice Center  
Morgantown, WV 26505  
(304) 291-7286*

*Crime Victims Compensation Fund  
1900 Kanawha Blvd. Room W-334  
Charleston, WV 25305-0291  
(304) 347-4850  
1-800-642-8650*

**I swear that the statements made here are true to the best of my knowledge.**

SIGNATURE/DATE

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

If you are completing the statement for someone else, please complete the following:

VICTIM'S NAME/RELATIONSHIP

\_\_\_\_\_

YOU MAY ATTACH ADDITIONAL PAGES TO THIS STATEMENT.