

Fort McDowell Yavapai Nation V. _____

Case No: _____

Victim: _____

How were you and members of your family affected by this crime?

If needed, please attach additional sheets.

Have you or members of your family received counseling or Therapy as a result of this crime? Please explain.

A. Miscellaneous Expenses

1 Miscellaneous expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____

2 Expenses For Counseling/Therapy

Provider: _____	No of Sessions: _____
\$ _____	
Provider: _____	No. of Sessions: _____
\$ _____	

B. Recommendations for Sentencing

- 1 () Incarceration () Maximum Sentence
- 2 () Probation () Counseling () DV () Substance Abuse
- 3 () Restitution to Victim Amount: \$ _____
- 4 () Restitution to County/State Amount: \$ _____
- 5 () Pay a fine : \$ _____
- 6 () No contact with Victim
- 7 () No negative contact with Victim
- 8 () Stay away from the following location: _____
- 9 () Other: _____

By my signature, I certify that the foregoing statement is true and correct.

Signature: _____ Date: _____

Fort McDowell Yavapai Nation V. _____

Case No: _____

Victim: _____

How were you and members of your family affected by this crime?

If needed, please attach additional sheets.

Have you or members of your family received counseling or Therapy as a result of this crime? Please explain.

A. DAMAGES

1 List property lost, destroyed or damaged and its value. (Please attach supporting documents such as receipts, repair bills, etc).

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2 List Medical Expenses (Please attach supporting receipts/documents).

_____	\$ _____
_____	\$ _____
_____	\$ _____

3 Lost of Income/wages

No. of Days Absence: _____
Total Hours: _____
Total wage loss: \$ _____

4 Miscellaneous expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____

5 Expenses For Counseling/Therapy

Provider: _____	No of Sessions: _____
_____	\$ _____
Provider: _____	No. of Sessions: _____
_____	\$ _____

B. Reimbursements Received (Please attach supporting documents)

- 1 Property Insurance: \$ _____
- 2 Medical Insurance: \$ _____
- 3 State Compensation:
 - Medical: \$ _____ Wage Loss: \$ _____
 - Counseling: \$ _____ Funeral: \$ _____
- 4 Other (list source and amount)
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

C. Recommendations for Sentencing

- 1 () Incarceration () Maximum Sentence
- 2 () Probation () Counseling () DV () Substance Abuse
- 3 () Restitution to Victim Amount: \$ _____
- 4 () Restitution to County/State Amount: \$ _____

By my signature, I certify that the foregoing statement is true and correct.

Signature: _____ Date: _____