



**Cumberland County Office of the District Attorney
Victim Services Division**

**BUSINESS RESTITUTION FORM and
VICTIM IMPACT STATEMENT**

Defendant: _____

Docket: _____ **OTN:** _____

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 your business. This is a voluntary statement and you are under no obligation to fill out this form. This statement is not confidential and will be given to the defense counsel. Therefore, the defendant will see it as well. **Please return this form before:** _____

Name of Business _____ **Phone Number** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

1. PROPERTY LOSS (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 (Y/N)</i>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total amount of out of pocket loss \$		_____

Insurance type: _____ None _____ Auto _____ Business _____ Defendant _____ Other

Did you pay a deductible? _____ No _____ Yes If yes, how much? \$ _____

Total amount of out of pocket loss (with deductible) \$ _____

2. FINANCIAL LOSS (forgery, bad checks, etc.)

Additional Fees? _____ No _____ Yes If yes, how much? \$ _____

Total amount of loss \$ _____

3. The VIS is not a retelling of the incident, but a description of how 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, and state any additional input below.

_____ 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:

Cumberland County Office of the District Attorney | Victim Services Division
One Courthouse Square, Room 2R | Carlisle, PA 17013
Phone: 717-240-6220 | Fax: 717-240-7805 | Email: victims@ccpa.net