

Complaint Number: _____ Victim/Witness Asst. _____

Defendant(s): _____ Offense & Case #(s): _____ Asst. DA _____

VICTIM IMPACT STATEMENT – Business Property Loss or Damage

Please complete this form and return to us as soon as possible.

CORPORATE/BUSINESS NAME: _____

Address: _____

City, State, Zip _____

Federal ID # (*required for restitution*): _____

Business Owner/Contact Person: _____

Phone Numbers:

Home: _____

Work: _____

RESTITUTION PAYABLE TO: _____

Address: _____

City, State, Zip _____

PROPERTY LOSS/DAMAGE: Please list below.

Do you have insurance? _____

| Description of item: | Total value of Item/damage | Was item recovered? | Amount paid by insurance | Loss to company |
|----------------------|----------------------------|---------------------|--------------------------|-----------------|
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |
| _____ | _____ | _____ | \$ _____ | _____ |

TOTAL LOSS : \$ _____

OTHER: Is there anything you would like the District Attorney or Judge to know? _____ Please include comments you wish to make about prosecution, sentencing, restitution, effects of the crime on your business, etc. (*attach additional sheets if necessary*):

The information I have given on this statement is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed form as soon as possible to:

**District Attorney's Office
Victim/Witness Section
700 East Trade Street
Charlotte, NC 28202**