

FINANCIAL IMPACT WORKSHEET

Copies of bills, receipts, estimates or other evidence for the costs listed **MUST** be attached. Additional pages may be attached as necessary.

Check here if no financial loss: _____

A. CRIME RELATED COSTS:

1. **MEDICAL EXPENSES:** List any medical expenses incurred as a result of this crime (including doctors, hospitals, therapy, counseling, medications, medical supplies, medical equipment rentals, eyeglasses and hearing aids).

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

2. Please describe any future medical or counseling expenses anticipated and attach an estimate of the costs.

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

3. **OTHER EXPENSES:** List belongings or property lost, destroyed or damaged as a result of this crime and the value, or any other losses/expenses associated with this incident.

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

4. **FUNERAL EXPENSES:** If you incurred funeral expenses, please list them.

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

TOTAL LOSS: \$ _____

INSURANCE INFORMATION

Has your insurance paid any benefits due to this crime? YES NO. If yes please fill out section B.

B. ***MONEY PAID TO YOU BY INSURANCE OR OTHER SOURCES:*** (Attach documentation whenever possible to avoid delays in verification. Additional pages may be attached if necessary.)

Property, Auto or Homeowners/Renters Insurance:

Name of Company: _____	Contact: _____
Address: _____	P.O. Box: _____
City, State, Zip: _____	Telephone Number: _____
Policy Number: _____	Claim Number: _____
Claim Amount: _____ Deductible: _____	Amount received: _____

Other sources: (Health insurance, Other Insurance, Workers Compensation, Medicare, Medicare Victims Compensation, etc.)

Name of Agency/Company: _____	Contact: _____
Address: _____	P.O. Box: _____
City, State, Zip: _____	Telephone Number: _____
Policy Number: _____	Claim Number: _____
Claim Amount: _____ Deductible: _____	Amount received: _____

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Signature

Date