

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: _____

Address: _____

City, State, Zip: _____

Policy Number: _____

Claim Amount: _____ Deductible: _____

Contact: _____

P.O. Box: _____

Telephone Number: _____

Claim Number: _____

Amount received: _____

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

Name of Agency/Company: _____

Address: _____

City, State, Zip: _____

Policy Number: _____

Claim Amount: _____ Deductible: _____

Contact: _____

P.O. Box: _____

Telephone Number: _____

Claim Number: _____

Amount received: _____

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

Signature

Date