

**ROCKLAND COUNTY PROBATION DEPARTMENT  
ALLISON-PARRIS COUNTY OFFICE BUILDING  
11 NEW HEMPSTEAD ROAD  
NEW CITY, NY 10956**

RE: \_\_\_\_\_

PO: \_\_\_\_\_

VICTIM: \_\_\_\_\_

**STATEMENT OF LOSS, DAMAGE AND/OR EXPENSE**

I, \_\_\_\_\_, swear and depose that the losses, damages and/or expenses incurred as a direct result of the committed at \_\_\_\_\_ on \_\_\_\_\_ are as follows:

A. LOSSES (Be specific and attach estimates):

C. EXPENSES DUE TO INJURY (Attach statements)

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

TOTAL - A \$ \_\_\_\_\_

TOTAL - C \$ \_\_\_\_\_

B. DAMAGES (Be specific and attach estimates):

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

TOTAL - A \$ \_\_\_\_\_

TOTAL - B \$ \_\_\_\_\_

TOTAL - C \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

TOTAL - B \$ \_\_\_\_\_

D. INSURANCE INFORMATION: Insurance claim filed? Yes\_\_\_ No\_\_\_ If "Yes", please complete the following:

Name of Insurance Carrier \_\_\_\_\_

Name and Address of Insurance Agent \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim # \_\_\_\_\_ Amount of Claim \$ \_\_\_\_\_

If claim was filed, has it been settled? Yes\_\_\_ No\_\_\_ If "Yes", for what amount? \$ \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF VICTIM

**ROCKLAND COUNTY PROBATION DEPARTMENT  
VICTIM'S IMPACT STATEMENT FOR  
PRE-SENTENCE/PRE-DISPOSITION REPORT**

RE: \_\_\_\_\_

PO: \_\_\_\_\_

VICTIM: \_\_\_\_\_

1. Did you know the defendant/ juvenile before this offense? Yes \_\_\_ No \_\_\_  
If "Yes", in what capacity or context? (Please provide any impression you may have regarding the subject and his/her past history and/or performance)

2. Please give your account of the incident to include your impression of the defendant's/juvenile's attitude and actions during the course of the offense and during any contacts you may have had afterward.

3. How has this offense affected your life?

4. In general, what type of sentence/disposition do you believe would be appropriate in this case?

5. Additional comments:

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF VICTIM