RESTITUTION FORM

Defendant(s): _____

Charges: _____

Docket #: _____

Summons # _____

Return This Document to: City of Longmont Prosecution Office 225 Kimbark St. Longmont Colorado 80501

Please attach any documentation or email to **rob.fuicelli@longmontcolorado.gov**

This form gives a victim the opportunity to give written input into the case. If you need additional space, please attach a separate sheet.

Victim: _____

Address: _____

_____

Phone: _____

Email: _____

READ THIS SECTION CAREFULLY

Restitution is ordered at the time of sentencing. All losses must be documented or else restitution will not be ordered. You must verify all losses with receipts, estimates, and/or bills when applicable. Please note that pain, suffering or loss of enjoyment cannot be claimed as restitution. Any claim for lost wages must have an employer's verification as to the time lost. If there is a problem with obtaining documentation, please contact this office.

Amount Due to Victim: _____

Reason for reimbursement:

WRITTEN STATEMENT

Please explain how this crime has affected you, your family, or your business. Indicate your thoughts and feelings as to what you consider to be an appropriate sentence in this case.

What you write may be seen by the defendant's attorney and possibly the defendant.

FALSE STATEMENT ADVISEMENT

Colorado Revised Statutes, Section 18-8-111(1), makes it a class 3 misdemeanor, punishable by a fine and/or imprisonment, to purposely transmit false information or know the information to be false.

I hereby attest that to the best of my knowledge, the information on this form is true and correct.

Print full name of person signing form	Signature
Phone	Date