

PROBATION DEPARTMENT

3501 Civic Center Drive • Room 265 • San Rafael, CA 94903-4189 415-499-6599 • Fax 415-499-3787

Michael D. Daly Chief Probation Officer

Mariano Zamudio Chief Deputy Probation Officer

RESTITUTION REQUEST FORM

PLEASE RETURN THIS FORM WITHIN TWO WEEKS

Incident Date: _____ Co

Court Date: _____

Case #: _____ Petition #: _____

VICTIM IMPACT STATEMENT

To assist in making an appropriate sentencing recommendation, please complete this form and return with your restitution form. If more space is needed, attach additional pages to this form.

- 1. Please describe how this offense has affected you and your family.
- 2. What was the emotional/physical impact of this offense on you and your family?
- 3. What was the financial impact of this offense on you and your family?
- 4. What concerns do you have, if any, about your safety and security?
- 5. What do you want to happen now?



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- 6. If community service is recommended as part of the disposition or sentence, do you have a favorite charity or cause you would like to recommend as a placement?
- 7. Is there *any other information* you would like to share regarding the offense, and how it affected you and your family?

Signature: ______ Date: _____ Telephone No.: _____