

1 %[\~Scripts.Select('\JDA Yellowstone CA\Template Scripts\VW', 'VW Financial aff
property')][sss=1][ForEachBlock('p', Collection)][\~CIPNameInfo(p)][ProsAtty] (#
2 %[CaseLocalID])

3 **DEPUTY YELLOWSTONE COUNTY ATTORNEY**

4 P.O. Box 35025
Room 701, Courthouse
Billings, Montana 59107
Telephone: 406/256-2870
5 Attorney for Plaintiff
6 %[CaseInvPersFilter]

7 **MONTANA THIRTEENTH JUDICIAL DISTRICT COURT, YELLOWSTONE COUNTY**

8 STATE OF MONTANA,
9 Plaintiff,

10 vs.

11 %[UpperCase(PIPFullName)],
12 Defendant.

CAUSE NO. %[LeadCourtNum]

JUDGE %[UpperCase(Judge)]

13 **VICTIM'S AFFIDAVIT IN SUPPORT
14 OF PECUNIARY LOSS (PROPERTY)**

15 STATE OF MONTANA)
16) s.s.
17 COUNTY OF YELLOWSTONE)

18 Pursuant to Sections 46-18-242 and -243, Montana Code Annotated, %[CIPFullName],
19 having been duly sworn upon %[CIPHisHer] oath, deposes and says:

- 20 1. I am a victim or authorized representative of the victim in %[LeadCourtNum] before
21 the Honorable %[Judge].
- 22 2. As a result of the Defendant's crime, I have suffered monetary loss.
- 23 3. The total amount of monetary loss suffered is _____. The total loss is
24 itemized as follows:
- 25 a. Full replacement value / repair cost of property taken, destroyed, harmed, or
otherwise devalued: _____ (See attached **Property Loss
Form**)
 - b. Expenses incurred in obtaining reasonable and necessary services that I could
have performed if not harmed by the Defendant's crimes, loss of income as a
result of the crime, and out-of-pocket expenses incurred by the filing of charges,
my cooperation in the investigation and prosecution, and attendance at court
proceedings: _____ (See attached **Miscellaneous Loss Form**)

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DATED this _____ day of _____, _____.

%[CIPFullName]

Or Representative

Signed and acknowledged before me this _____ day of _____,
by _____.
(name of person signing above)

Printed name
Notary Public for the State of Montana.
Residing at _____, Montana.
My Commission Expires: _____

(SEAL)

1 **Property Loss Form**

2 You may be reimbursed for stolen property or damaged property. You will not be reimbursed
3 for stolen or damaged items *not* related to the crime(s) charged. Please realize that you are
4 submitting an Affidavit, and knowingly providing false information in these documents may
5 result in a charge of Perjury (Felony), in violation of Section 45-7-201, Montana Code
6 Annotated.

7 Please attach any supporting documentation to these forms (i.e., receipts for items stolen
8 /damaged, photographs, damage estimates).

8 **A. Stolen item(s)**

9 Note regarding recovered property: If you know law enforcement has recovered any of your
10 stolen property that HAS NOT been damaged and is either now back in your possession or is
11 still in evidence, please do NOT list those items on this form, as they are no longer losses.

<u>Item description</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Replacement/Repair Cost</u>
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23 (If you require additional space for stolen items, attach additional pages as necessary in
24 the same format.)

25 **A. Stolen items total cost:** _____

1 **B. Damaged item(s)**

2 Note regarding recovered property: If you did not yet recover your damaged property and law
3 enforcement placed the item into evidence, please arrange with the law enforcement agency
4 (Yellowstone County Sheriff's Office Property Office 256-6941; Billings Police Department
5 Property Officer 237-6192) to view the damaged item in evidence in advance of submitting this
6 form, or in the alternative provide your best estimate, and list each item and the repair/
replacement cost below. Again please attach any supporting documentation to this form
showing the damage estimate and photograph if available.

7 Item description Repair/Replacement Cost or Estimate

- 8 1. _____
9
10 2. _____
11
12 3. _____
13
14 4. _____
15
16 5. _____

15 **B. Damaged items repair total:** _____

16 **C. Insurance**

17 If you have filed or plan to file a claim with your insurance company, or if your
18 insurance company or the offender's insurance company has paid all or part of your loss,
19 please list the name and address of the insurance company or bank, and the amount paid by the
20 company(s)/bank(s) for costs to pay for stolen/damaged property or fraud resulting from this
case.

21 **C. Amount paid by insurance:** _____

22 Policy/Claim Number _____

23 Name of Insured _____

24 Insurance Phone Number _____

25 Company Name & Address _____

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Your Property Loss: Add together totals from Section A (Stolen property) and Section B (Damaged property). From this total, subtract amount from Section C (Insurance) to determine *your property loss*.

Total Property Loss = _____

1 **Miscellaneous Expense Form**

2
3 In addition to recovering payment for medical expenses, stolen or damaged property, or fraud,
4 you may recover payment for miscellaneous expenses/services related to the crime charged.
5 You **will not** be reimbursed for such expenses/services if they are not related to the crime
6 charged. Please realize that you are submitting an Affidavit, and knowingly providing false
7 information in these documents may result in a charge of Perjury (Felony), in violation of
8 Section 45-7-201, Montana Code Annotated.

9 Please attach any supporting documentation along with these forms (i.e. receipts, service
10 orders, pay stubs, mileage logs, etc.)

11 **A. Service Expenses**

12 (You may recover expenses incurred in obtaining reasonable and necessary services that you
13 could have performed if not harmed by the Defendant's crime. Examples: As a result of your
14 car being stolen, you had to rent a vehicle temporarily; you may recover the cost of the rental
15 car. As a result of your leg being broken, you had to hire out lawn care; you may recover the
16 costs of the lawn care.)

17 Service Description _____

18 Cost of Service _____

19 Dates of Service _____

20 Please explain below how the service you obtained was related to the crime charged.

21 _____

22 _____

23 _____

24 _____

25 **B. Prosecution expenses**

(You may recover expenses incurred by the filing of charges, your cooperation in the
investigation and prosecution, and attendance at court proceedings. Examples: You traveled
to the courthouse for a court hearing related to the case; you may recover mileage for your
trip. You missed work and were not paid due to your mandatory attendance at a court hearing;
you may recover those lost wages).

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Date Explanation Mileage @ \$0.585/mile

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

C. Loss of Income

Dates Amount

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Your Miscellaneous Loss: Add together totals from Section A (Service Expenses) Section B (Prosecution Expenses) and Section C (Loss of Income). This will determine *your miscellaneous loss.*

Total Miscellaneous Loss: _____

1 State vs: %[UpperCase(PIPFullName)] %[JW45_Case2.CaseCourtNum] Co. Attorney
2 File %[JW45_Case2.CaseLocalID]

3 THIS VICTIM IMPACT STATEMENT WILL BE INCLUDED WITH THE
4 PRESENTENCE REPORT. THEREFORE, THE DEFENSE ATTORNEY AND DEFENDANT
5 WILL HAVE AN OPPORTUNITY TO REVIEW IT.

6 **VICTIM IMPACT STATEMENT**

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25 PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE. IF ADDITIONAL SPACE IS NEEDED,
FEEL FREE TO WRITE ON AN ADDITIONAL PAGE