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1st ASSISTANT DISTRICT ATTORNEY  
Mitchell T. Murray

2nd ASSISTANT DISTRICT ATTORNEY  
Emily A. Humphrey

CHIEF DEPUTY DISTRICT ATTORNEYS  
Andrew J. Lewis  
Daniel M. McDonald  
David P. Vandenberg  
Gregory K. Biggers  
Robert J. Percifield

VERONIQUE BELLAMY  
v@vero.moe

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May 31, 2019

VERONIQUE BELLAMY  
v@vero.moe

Defendant: CODY JAMES WOLFE  
Date of Offense: May 24, 2019  
Docket Number: D0352019CR001270  
Victim Advocate: Brittany Golden  
Prosecutor: GORDON P. MCLAUGHLIN

Dear VERONIQUE BELLAMY

The Victim Witness Assistance program in the District Attorney's Office was created specifically to provide information, assistance, and support through the criminal justice prosecution of this case. You are receiving this letter because you and/or your family have been the victim of a crime. The Victim Advocate assigned to your case has been listed above for your reference. The enclosed **Victim Rights brochure** provides information about your rights and who you can contact if you feel you have not been provided rights.

**Our office has filed a criminal case charging the above-named defendant with the following:**

18-3-206(1)(a)/(b) FELONY MENACING-REAL/SIMULATED WEAPON ( F5 )

- Because of your right to be notified and informed of scheduled court hearings in this case, and to be present at such hearings, the District Attorney's Office will send you written notification including the time, location and a brief description of the hearing. Court events are sometimes changed or cancelled with minimal advance notice. We will attempt to inform you of changes or cancellations if we are aware of them in advance.
- You have a right to submit a statement explaining the impact of the crime on you and your family. The enclosed **Victim Impact Statement** provides you with that opportunity. The Victim Impact Statement form also requests information regarding any financial losses you have sustained because of the crime. Completion of this form is completely voluntary.
- You also may be entitled to compensation for losses that you have incurred as a result of this crime through Colorado's Crime Victim Compensation Program (CVC). Information about the CVC program is included in the enclosed Victim Rights brochure. For assistance in obtaining a CVC Application, please call 970-498-7290, contact your victim advocate or visit [www.larimer.org/da](http://www.larimer.org/da).

We recognize this may be a difficult time for you and/or your family. Your cooperation with the District Attorney's Office is critical to the success of the criminal justice system process and is greatly appreciated.

Sincerely,

CLIFFORD E. RIEDEL  
Eighth Judicial District Attorney

If you cannot read or speak English, please have a friend who speaks English or a family member call the victim/witness service unit at 970-498-7200.

#### Spanish

Si no puede leer o hablar inglés, por favor tenga un amigo que habla inglés o miembro de la familia llamar a la unidad de servicios para víctima y testigos unidad a 970-498-7200.

#### Cambodian

ប្រសិនបើអ្នកមិនចេះអាន ឬនិយាយភាសាអង់គ្លេសទេ, សូមឱ្យសាច់ញាតិ ឬអ្នកចេះនិយាយភាសា  
អង់គ្លេស ហៅមកក្រុមជំនួយការជនរងគ្រោះ លេខ ៣០៣-៦៥៩-៧៧៣៥ ។ 970-498-7200

#### Chinese

假如您不能读或讲英语，请找一位会讲英语的朋友或家人打电话给受  
害人/证人服务小组，电话号码 970-498-7200。

#### Korean

영어를 읽을 수 없거나 말할 수 없는 분은, 영어를 말할 수 있는 친구나  
가족을 통해서 303-659-7735 로 피해자/증인 서비스 부서에 연락하십시오. 970-498-7200

#### Russian

Если Вы не говорите и не читаете по-английски и Вам нужна помощь, пожалуйста, попросите родственника или знакомого, владеющего английским языком, помочь Вам позвонить в "Программу помощи пострадавшим". Вы можете связаться с нами по тел. 970-498-7200.

#### Thai

หากท่านไม่สามารถอ่านหรือพูดภาษาอังกฤษได้  
กรุณาขอใ้สมาชิกในครอบครัวหรือเพื่อนของ  
ท่านโทรพ่วงหาหน่วยบริการเยหา  
ย 970-498-7200.

#### Vietnamese

Nếu bạn không đọc và nói được tiếng Anh, hãy nhờ người bạn hoặc người nhà  
biết tiếng Anh gọi đến Đơn Vị Phục Vụ Nạn Nhân/ Người Làm Chứng tại số 970-498-7200.

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**VICTIM IMPACT STATEMENT**

No one knows better than you how this crime has affected your life. As a victim of a Victim Rights Act (VRA) crime in Colorado, you have the right to be informed of, present, and heard at the sentencing hearing. **Filling out the Victim Impact Statement is completely voluntary.**

The Victim Impact Statement (VIS) is submitted to the judge prior to the time of the defendant's sentencing. This is your chance to put in writing how this crime has affected you physically, emotionally, financially, or in any other way your life may have been affected. You do not have to complete this form. However, a completed form can help the judge decide what sentence the defendant should receive and is needed to determine the amount of restitution owed to you and your family. Your completed statement will become an official court document and may be read by the defendant and/or his attorney, the Deputy District Attorney and other court professionals. In addition, if the defendant is sentenced to a prison term, prison or parole officials may read your statement.

You have a choice of how you submit your Victim Impact Statement. You can explain to the judge how the crime has affected you and those close to you either verbally at the sentencing hearing, or in writing by completing this statement. Following are suggestions for completing your Victim Impact Statement:

1. Please fill out the sections that are important to you and pertain to your situation.
2. **This statement will be used by the District Attorney, Probation Officer and Judge to determine any restitution owed to you as a result of the crime**, so it is important to complete this statement even if you choose not to write about how the crime has affected you emotionally. Any monetary loss you would like the court to consider for restitution must be documented. You must attach bills, receipts, invoices, estimates, and/or any other documentation for any money you have already paid, still owe, or anticipate owing as a result of injuries or damages you sustained as a result of this crime. Please be as accurate and complete as possible when listing monetary losses.
3. If you need more space to provide additional information, please use as much paper as you need and attach additional pages to the enclosed Victim Impact Statement form.
4. **Please return the Victim Impact Statement even if you are not claiming any losses.**
5. Please return your completed Victim Impact Statement as soon as possible. If it will take more than **21 days** from the date on the top of the form for you to complete and return your statement, please call the Victim Witness Unit at **970-498-7285** so we may assist you.

**Thank you for your time and cooperation in completing this form.**

## VICTIM IMPACT STATEMENT

Defendant: CODY JAMES WOLFE

Docket Number: D0352019CR001270

Next Event: First Appearance  
08:15AM June 3, 2019

Courtroom: 5C

Primary Charge: FELONY MENACING-REAL/SIMULATED WEAPON

Victim Name: VERONIQUE BELLAMY

Prosecutor: GORDON P. MCLAUGHLIN

Victim Advocate: Brittany Golden

Date Printed: May 31, 2019

Completion of the Victim Impact Statement is completely voluntary. It is your decision whether or not you complete any part of this statement. If you **do not** wish to complete this form, please initial here \_\_\_\_\_ and return this page only. **Please be aware the defendant and/or defense counsel is entitled to a copy of your completed Victim Impact Statement and any attached supporting documentation.**

If you are unable to read or speak English and require translation assistance, please have an English-speaking friend or family member contact our office at (970) 498-7200.

**PART 1: EFFECTS OF THE CRIME & RECOMMENDATIONS FOR SENTENCING** (You may attach additional pages if needed. Please write the docket number on the top of each page.)

**Please describe any physical injuries and any medical treatment you received as a result of this crime. Are the injuries permanent in nature?**

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**Please describe how this crime has affected your life and/or family.**

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**What do you believe can be done to assist in repairing the harm inflicted on you and your family?**

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**Are there any conditions you would like to see the court impose on the defendant? This may include no contact with you or your family, jail probation, alcohol or drug treatment, community service, apology letter, etc.**

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**PART 2: RESTITUTION - LOSS AND INSURANCE INFORMATION**

Restitution does not include damages for physical or mental pain and suffering, loss of consortium, loss of enjoyment of life, loss of future earnings, or punishment. **IMPORTANT:** Please attach all bills, invoices, receipts, estimates and other documentation you have on hand. Without this statement and supporting documentation, we cannot ask the judge to order restitution. If you receive additional supporting documentation, please forward to the same address listed at the end of this statement. It is important to always write the **DOCKET NUMBER** on each item forwarded. The docket number can be found at the top of this letter.

If the defendant disagrees with the amount you are claiming in restitution, they may request a Restitution Hearing. If a Restitution Hearing is set, you may be subpoenaed to testify, and you will need to provide documentation of your losses. Please keep copies of any documentation you provide to this office for your records.

Check here if you suffered no financial or property damage ☐

**LOSS INFORMATION** (add additional pages as needed)

- a) **Property Not Recovered** - List only property not recovered, or not being held by law enforcement

ITEM	MAKE	MODEL	COST
Property Loss Total: (Item A)			\$

- b) **Property Damage** - List property damage that occurred as a result of **THIS** crime. (Attach estimates/bills or other supporting documentation you have now; they will be required by the court. If you receive documentation at a later date that supports this claim, please forward it to the address listed at the end of this statement. Please remember to include the docket number on all correspondence.)

ITEM	MAKE	MODEL	COST
Property Damage Total: (Item B)			\$

- c) **Medical/Hospital Counseling Costs** (Attach copies of bills, statements, invoices, Explanation of Benefits statements)

Medical Total: (Item C)	\$
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- d) **Other Costs/Losses** (Please describe the type of loss and attach supporting documentation)

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Other Loss Total: (Item D)	\$
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**REIMBURSEMENT INFORMATION**

- e) **Victim Compensation** (Have you, or do you intend to apply for Victim Compensation?)

(Have you been approved for Victim Compensation?)

Yes _____	No _____
Yes _____ \$ _____	No _____

f) **Property Insurance** (Provide name and address of insurance company if a claim has been, or will be, filed.)

Company name:		Claim #:	
Address:		City	State Zip
		Property Ins. Reimbursement Amount: (Item F)	\$

g) **Hospital/Medical Insurance**

Company name:		Medical <input type="checkbox"/> Dental <input type="checkbox"/> Other <input type="checkbox"/>	Claim #:
Address:		City	State Zip
		Medical Ins. Reimbursement Amount: (Item G)	\$

h) **Medicaid/Medicare Insurance**

Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CACP <input type="checkbox"/> CHP <input type="checkbox"/>	ID #
Medicaid/Medicare Reimbursement Amount: (Item H)	
\$	

i) **TRAFFIC CASES ONLY** (please complete this section if you have this information)

Defendant's Auto Insurance	Claim #	Policy #
Amount Paid by Defendant's Insurance		

**Summary of Losses and Reimbursement**

1. Property Not Recovered listed in Item A: \$ \_\_\_\_\_
  2. Property Damage listed in Item B: \$ \_\_\_\_\_
  3. Medical/Hospital Counseling Costs listed in Item C: \$ \_\_\_\_\_
  4. Other Costs/Losses listed in Item D: \$ \_\_\_\_\_
- Subtotal (Lines 1, 2, 3, & 4) \$** \_\_\_\_\_
5. Payments and/or reimbursements you have received or will receive (total reimbursements listed in Items F +G + H) **-( \$** \_\_\_\_\_ **)**
- Total Restitution Request \$** \_\_\_\_\_

Without your statement and supporting documentation we can not ask the judge for restitution. The final decision on the amount of restitution owed by the defendant will be determined by the judge.

**Certification and Release:**

I do hereby swear that the above information regarding monetary losses is true and correct to the best of my knowledge and belief. I authorize release of information by the above-named insurance companies/medical providers to the District Attorney's Office for purposes of establishing restitution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
**NEW MAILING ADDRESS:** \_\_\_\_\_

**Return Victim Impact Statement Form to:**  
**Victim Witness Services Unit**  
**Office of the District Attorney**  
**201 LaPorte Ave., Suite 200**  
**Fort Collins, CO 80521-2673**  
**or fax to: (970) 498-7250**