

VICTIM IMPACT STATEMENT

County:
Cause No:
Victim's Name:
Date of Crime:
Address:
Phone Number:
Charge:
State VS.

VERY IMPORTANT: If you wish to be part of the court process our office will make all reasonable attempts to contact you. Please note that it is your responsibility to notify us in writing of any address or phone number changes.

This form will allow the sentencing Judge and the prosecutor to know your feelings about the Victim of a crime and how the crime affected you.

If you need additional space, please feel free to attach extra pages.

Explain the Circumstances surrounding the crime and the manner in which it was perpetrated:

Victim's Personal Reaction: Write your feelings regarding how being the victim of this crime has affected you personally and those around you.

Victim's Physical Injury: Explain any injuries and the treatment you received. Attach copies of any bills.

Victim's Property Loss: List any property that was damaged, destroyed or lost, and the value of that property. Attach copies of bills or estimates for repair. Only include your actual loss for property loss that was not reimbursed by your insurance company. Do not include any items that were recovered without any damage.

Financial Or Other Loss: List the days and hours you missed work because of this crime and the amount of wages lost. Medical expenses should be included.

Restitution: List the DOLLAR AMOUNT for losses or personal injuries.

Plea Recommendation:

Any other comments or concerns you would like to express.

I swear that the statement made here are true to the best of my knowledge.

Signature: _____

Address : _____

Phone (H) _____

Phone (C) _____