VICTIM IMPACT STATEMENT

This Victim Impact Statement is important to both you and the Court. It reflects what you and/or members of your family are dealing with as a result of this crime. Once returned to the Victim Advocate, your statement will be forwarded to the prosecuting attorney and will become part of the presentencing report reviewed by the judge before the defendant is sentenced.

In preparing your statement, you may wish to think about issues such as:

How has the crime affected your ability to relate to other people? If so, how?
How has the crime affected your feelings about yourself? If so, how?
How has the crime affected your ability to earn a living? If so, how?
How has the crime affected your lifestyle and/or that of your family? If so, how?

If necessary, you may use additional page(s).

If you choose to complete this form, please return it to my office at the above address within 10 days of receiving this document. If this is not possible, please contact me to make further arrangements.

1. PLEASE DESCRIBE THE NATURE OF THE CRIME AGAINST YOU:

_____

_____

_____

_____

2. HOW HAVE YOU AND YOUR FAMILY BEEN AFFECTED BY THIS CRIME:

_____

_____

_____

_____

3. WERE YOU PHYSICALLY INJURED? IF YES, EXPLAIN:

_____

_____

_____

_____

4. DID YOU RECEIVE MEDICAL TREATMENT? IF YES, WHERE?

_____

_____

_____

_____

5. WERE YOU EMOTIONALLY INJURED? IF YES, EXPLAIN:

_____

_____

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_____

6. DID YOU RECEIVE THERAPY OR COUNSELING? IF YES, WHERE?

_____

_____

_____

_____

7. IS THERAPY OR COUNSELING CONTINUING?   Yes ( )   No ( )

8. IS THERE ANYTHING ELSE THAT YOU WOULD LIKE THE COURT TO CONSIDER?

_____

_____

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_____

9. ARE THERE ANY RECOMMENDATIONS YOU WOULD LIKE TO MAKE TO THE COURT REGARDING THE HANDLING OF THIS CASE?

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_____

_____

_____

10. DO YOU WISH TO BE NOTIFIED OF FUTURE HEARINGS IN THIS CASE?   Yes ( )   No ( )

11. DO YOU WISH TO BE NOTIFIED OF THE RESOLUTION OF THIS CASE?   Yes ( )   No ( )

12. DO YOU WISH TO BE NOTIFIED OF AN EXPUNGEMENT PETITION IN THIS CASE? Yes ( )   No ( )

13. HAS SOMEONE OTHER THAN THE VICTIM COMPLETED THIS FORM? Yes ( )   No ( )

If yes, who? (Please provide name and phone)

I declare under penalty of law that the above information is true and correct.

Signature _____   Date: _____

Printed Name: _____

SSN: _____   Or TIN: _____

Phone #: _____

Address (include zip code): _____