

VICTIM IMPACT STATEMENT

INTERVIEW PREFERENCE/PHONE: IN PERSON: MAIL:

DIVISION:

VICTIM INFORMATION

VICTIM'S NAME:

FOR STATISTICS ONLY AGE: RACE: SEX:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE:

WORK ADDRESS: WORK PHONE:

E-MAIL ADDRESS:

DEFENDANT INFORMATION

DEFENDANT NAME: INDICTMENT #:

CHARGE(S):

DATE OF OFFENSE: CO-DEFENDANT(S):

DEFENDANT'S RELATIONSHIP TO VICTIM:

MEDICAL INFORMATION

DID YOU REQUIRE MEDICAL ATTENTION (Y/N):

IF YES, LIST ALL MEDICAL PROVIDERS: _____

THOUGHTS AND/OR SUGGESTIONS ON FINAL DISPOSITION OF CASE

WHAT SENTENCE DO YOU FEEL SHOULD BE IMPOSED UPON THE DEFENDANT ?

- 1. PRISON / JAIL (Yes/No):
- 2. TREATMENT / COUNSELING (Yes/No):
- 3. RESTITUTION (Yes/No): TOTAL AMOUNT DUE : \$ _____
Please provide our office with an itemized statement in support of the 'TOTAL AMOUNT DUE'
- 4. CHILD SUPPORT DUE: \$ _____

DO YOU WISH TO BE PRESENT AT ALL HEARING SCHEDULED? YES OR NO

VICTIM SIGNATURE _____

IF SIGNATURE IS OTHER THAN VICTIM AND/OR MINOR (PARENT, GUARDIAN, ETC.)

PLEASE SIGN: _____ RELATIONSHIP _____

VICTIM ADVOCATE: CELIA HAYNES

Did this crime result in death or physical injury to the victim(s)? _____ Yes _____ No
Indicate the cause of death or injuries sustained: _____

Was medical attention required? _____ Yes _____ No
If yes, please describe the nature of the treatment, as well as, the expenses incurred:

Were any of the above expenses covered by insurance? _____ Yes _____ No
If so, how much? _____

Did this crime result in any damage, loss or destruction of property? _____ Yes _____ No
If so, please list and indicate the value of the property: _____

If any of the items were recovered or covered by insurance, please list: _____

Please describe the emotional impact that the crime has had upon the victim and/or the
victim's family: _____

Has the victim and/or the victim's family received professional counseling or treatment?
If yes, please list expenses incurred to date and estimate additional expenses
expected: _____

Has the victimization affected your employment? ____ Yes ____ No

If yes, please explain: _____

Has the victimization affected your lifestyle or that of your family? ____ Yes ____ No

If yes, please explain: _____

Additional Comments: _____

Signature

Date