

RETURN THIS STATEMENT TO THE DA OFFICE.

VICTIM IMPACT STATEMENT

This information requested is important to help the prosecutor and the judge who will be dealing with this case to evaluate properly the effect this crime has had on you. This form will be available for the judge before he/she sets the defendant's punishment. If there is not enough space on this form, you may use additional pages. This form will also be available to the defendant/defense attorney. **THIS FORM IS NOT CONFIDENTIAL.**

IDENTIFYING INFORMATION

DEFENDANT

CASE NO.

DATE OF BIRTH

VICTIM DATA

NAME/INITIALS OF JUVENILE

DESCRIBE THE EFFECTS THIS CRIME HAS HAD ON YOU PHYSICALLY, FINANCIALLY, PSYCHOLOGICALLY AND EMOTIONALLY. WERE YOU A VULNERABLE VICTIM? DID THE OFFENDER KNOW YOU WERE A VULNERABLE VICTIM? DID YOU SUFFER BODILY HARM OR WERE YOU OTHERWISE HARMED? – HOW MENTALLY – EMOTIONALLY. (i.e. physical ailments, medical tests, medical and counseling costs (note if on-going), repair damage, replacement, loss of work or school time, obtainment of more security devices, need for counseling, fears as a result of the crime, etc.)

INDICATE WHAT YOU WOULD RECOMMEND FOR THE DEFENDANT AT SENTENCING.
(i.e. jail (misdemeanor), prison (felony), fine, other options: probation, restitution, counseling, community service, etc.)

Signed _____ Date _____

Relationship to Case _____