

**ATTENTION: JUDGE**

If Victim Impact Statement is received prior to conviction, do not read until they become relevant at the time of sentencing.

**VICTIM IMPACT STATEMENT**

**THIS FORM IS NOT CONFIDENTIAL**

**RETURN YOUR STATEMENT TO:**

WINNEBAGO COUNTY DISTRICT ATTORNEY VICTIM WITNESS PROGRAM  
PO BOX 2808, 448 ALGOMA BOULEVARD  
OSHKOSH WI 54903-2808

**DEFENDANT:**            **BRANCH:**

**CASE NO.:**                    **PROSECUTOR:**

**COMPLETE THE SECTION BELOW.**

**ATTENTION: VICTIMS UNDER 18 → WRITE ONLY THE INITIALS OF THE VICTIM'S NAME**

**VICTIM:**

**DATE:**

DESCRIBE THE EFFECTS THIS CRIME HAS HAD ON YOU PHYSICALLY, FINANCIALLY, PSYCHOLOGICALLY AND EMOTIONALLY. INCLUDE IF YOU WERE 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 (indicate 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 services, etc.)