

VICTIM IMPACT STATEMENT

State v. \_\_\_\_\_ Case No. \_\_\_\_\_

In order to assist the Court in its efforts to weigh all factors prior to imposing sentence, you may wish to complete this statement. This statement is intended to be submitted to the Judge who will be imposing the sentence. The defendant will also get a copy of this statement.

Name of Victim \_\_\_\_\_  
Person Writing Statement (if not victim) \_\_\_\_\_  
Relationship to Victim \_\_\_\_\_

1. Description of Crime \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. As a result of this crime, were you physically injured? \_\_\_ Yes \_\_\_ No  
If yes, please describe the extent of your injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you require medical treatment for the injuries sustained? \_\_\_ Yes \_\_\_ No  
If yes, please describe the treatment received and the length of time treatment was or will be required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. To what degree have you recovered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Amount of expenses incurred to date as a result of medical treatment received. (Please exclude counseling/therapy expenses – see 9. below.)  
Current Expenses \$ \_\_\_\_\_ (Please attach copies of bills/receipts)  
Anticipated Expenses \$ \_\_\_\_\_

6. Please describe the psychological impact the incident has had on you (feelings about self, ability to relate to others, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you experienced any of the following feelings since the crime occurred?  
\_\_\_ Depression \_\_\_ Anxiety \_\_\_ Fear \_\_\_ Guilt  
\_\_\_ Anger/Rage \_\_\_ Loss of Sleep \_\_\_ Loss of Appetite

8. Have you received any counseling or therapy as a result of this incident?  Yes  No  
If yes, describe the length of time you have been or will be undergoing counseling or therapy,  
and the type of treatment received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Amount of expenses incurred to date as a result of counseling or therapy received  
Current Expenses \$ \_\_\_\_\_ (Please attach copies of bills/receipts)  
Anticipated Expenses \$ \_\_\_\_\_

10. Has the incident affected your ability to earn a living?  Yes  No  
If yes, please describe your employment, and specify how and to what extent your ability to earn  
a living has been affected, days lost from work, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you incurred any other financial losses as a direct result of this incident?  
 Yes  No If yes, please describe, and attach copies of bills/receipts. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you lost any property as a direct result of this crime?  Yes  No  
If yes, please describe, and attach copies of receipts, and indicate how this loss has affected you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Did insurance cover any of the losses or expenses you have suffered as a result of this  
crime?  Yes  No  
If yes, please specify the amount and the nature of any reimbursement, and attach copies of  
records. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has this crime in any way affected your lifestyle or your family's lifestyle?  
 Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you applied for or received any victim compensation awards for your loss?  
 Yes  No  
If yes, please specify the amount and the name of victim compensation program applied to, and  
attach claim form submitted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are there any other effects of this crime that are now being experienced by you or members of your family?  Yes  No.

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

17. Please describe what being a victim has meant to you and your family. \_\_\_\_\_

\_\_\_\_\_

18. What are your feelings about the criminal justice system? Have your feelings changed as a result of this incident? \_\_\_\_\_

\_\_\_\_\_

19. Do you have any thoughts on the sentence that the Court should impose on the defendant? Please explain, indicating whether or not you favor imprisonment. \_\_\_\_\_

\_\_\_\_\_

I certify that all information detailed in this victim impact statement is true, complete, and correct to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_