

Victim Impact Statement



All victims of crime suffer one way or another. Please complete this form so we can notify the judge at sentencing how the impact of this crime has affected your life. *(Please type or print)*

DEFENDANT: _____ CASE NUMBER: _____

CO-DEFENDANT(S): _____

CHARGE(S): _____

DATE OF OFFENSE: _____

NAME: _____ E-MAIL: _____

TELEPHONE: (HOME/MOBILE) _____ (BUSINESS) _____

ADDRESS (CITY, STATE, ZIP CODE): _____

(PLEASE IMMEDIATELY ADVISE THE VICTIM/WITNESS OFFICE OF ANY MAILING ADDRESS CHANGES, SUBPOENAS SENT TO BAD ADDRESSES MAY RESULT IN DISMISSAL OF THE CASE)

Please state what impact this crime has had on you or your family:

Were you injured? (Describe)

Was your life or physical wellbeing threatened? (Describe) _____

Do you have suggestions as to the appropriate punishment for the defendant?
