



VICTIM IMPACT STATEMENT

DATE: AUGUST 26, 2008

DEFENDANT: _____

DEPUTY PROSECUTING ATTORNEY: _____

CRIME CHARGED: _____

DATE OFFENSE OCCURRED: _____

PROSECUTOR'S CASE NUMBER: _____

Re: _____

The following suggestions and the attached form are offered only as a guide. Please answer as many questions as you wish. If you need more space or you wish to provide information in a different way, please use as much paper as you need, and attach the pages to this form when you return it. If you feel uncomfortable in any way using this form, you may write a letter to the judge and tell him or her how this crime has affected you and those close to you.

- Has this crime affected your lifestyle or those close to you?
- Have your feelings about yourself or your life changed since the crime?
- Describe the effect of the crime on your ability to work or do any of the things you normally do, such as going to school, running a household, or any other activities you normally perform or enjoy.
- Has your ability to relate to others changed?
- Describe the physical injuries you or members of your family suffered.
- Describe how long these injuries lasted or how long they are expected to last.
- Describe any medical treatment you have received or expect to receive in the future.
- Describe any financial loss you suffered.

Please indicate if you would like your statement read aloud, or if you would like the Judge to read it to themselves. If the Judge reads it to themselves a copy will also be distributed to the defense attorney and the defendant.

