

VICTIM IMPACT STATEMENT

Victim's Name _____ Defendant's Name _____

This ***Victim Impact Statement*** has been developed to benefit victims of crime and to bring your thoughts and concerns to the attention of the Court and Prosecutor. **Please fill out this form and attach any additional pages or letters if necessary.**

This form will become a part of the court record and may be seen by the defendant(s) and his/her attorney.

1. What was the emotional impact of this crime on you and your family?
2. Where you physically injured? Describe the injuries you sustained.
3. Do you have any concerns about your safety? If "yes", please describe your concerns.
4. Would you like the Judge to issue a "no contact" order instructing the defendant to stay away from you and your family?
5. Have you or your family received or requested counseling or therapy because of this crime?
6. Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy other activities? If "yes", please explain.
7. Please express your feelings about any plea negotiations that may take place.
8. What are your thoughts regarding the sentencing the Judge should impose on the defendant?