

VICTIM IMPACT STATEMENT

DEFENDANT: _____ No. _____

YOUR NAME: _____

(Attach additional pages as necessary)

1. Do you feel this crime has affected you and/or those close to you? Yes No. If yes, please feel free to express your feelings about what happened and how this may have affected your general well-being (e.g. your relationship with family members, friends, co-workers, etc. or your ability to perform your job, go to school, or any other activities).

2. Did you suffer any injuries or symptoms as a result of this crime? Yes No If yes, please specify the injuries or symptoms and, if applicable, how long they lasted or are expected to last, and whether you have sought any type of treatment through doctors, medication, counseling, therapy, or other treatment.

3. Are there any specific consequences you feel the defendant should receive such as drug and alcohol or mental health treatment, community service, incarceration, supervision, fines, etc.?