

VICTIM IMPACT STATEMENT
VICTIM/WITNESS JUVENILE DIVISION

DATE: _____

Defendant Name: _____

Name of Victim: _____ Date of Birth: _____

Victim Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person Completing Statement: _____

Relationship to Victim: _____

Please describe the nature of the incident in which you were involved: _____

As a result of this incident, were you physically injured? If yes, please describe the extent of your injuries:

Did you require medical treatment for the injuries sustained? If yes, please describe the treatment received and the length of time treatment was/is required:

Amount of expenses incurred to date as a result of medical treatment received: \$ _____

Anticipated expenses: \$ _____

Were you psychologically injured as a result of this incident? If yes, please describe the psychological impact which this incident has had on you:

Have you received any counseling or therapy as a result of this incident? If yes, please describe the length of time you have been or will be undergoing counseling or therapy, and the type of treatment you have received:

Amount of expense incurred to date as a result of counseling or therapy received: \$ _____

Anticipated expense: \$ _____

Has this incident affected your ability to earn a living? If yes, please describe your employment, and specify how and to what extent your ability to earn a living has been affected, i.e. days lost from work, etc.

Do you have any other expenses or losses as a result of this incident? If yes, please describe:

Have you met or do you have an insurance deductible? If so, what is the amount?

List any other agency or company you have made application to for replacement or to cover your loss (i.e. insurance, Medicaid, Crime Victim Compensation, etc.):

Did you know the juvenile delinquent/defendant at the time of the incident? If yes, please describe your relationship to him/her:

Do you fear any retaliation from the juvenile delinquent/defendant? If yes, please explain: _____

Has this incident in any way affected your lifestyle or your family's lifestyle? If yes, please describe:

Do you have any thoughts or suggestions on the sentence which the Court should impose (such as no contact with you or your family, community service, probation, or incarceration)? If you favor incarceration, please specify how long.

YOU MAY ADD TO THIS STATEMENT AT ANY TIME

ADDITIONAL COMMENTS: _____

I SWEAR/AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Phone # (Home) _____ Phone # (Work) _____