

# VICTIM IMPACT STATEMENT

---

## I. CASE INFORMATION

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

## II. VICTIM IDENTIFICATION

Name of Victim: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

### Statement Submitted By:

Direct Victim

Parent/Guardian of Minor Victim

Spouse/Partner

Child

Other (Specify): \_\_\_\_\_

## III. OFFENSE INFORMATION

Date of Offense: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Location of Offense: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

## IV. IMPACT OF THE CRIME

### A. Physical Impact

Describe any physical injuries, pain, or medical treatments you have experienced as a direct result of this

crime. Include details about ongoing physical issues, disabilities, or needs for future medical care.

---

---

---

---

---

**B. Emotional and Psychological Impact**

Describe how this crime has affected you emotionally and psychologically. Include details about fear, anxiety, depression, anger, sleep disturbances, changes in daily routine, or any other emotional distress.

---

---

---

---

---

Have you sought counseling or therapy as a result of this crime?

Yes  No

If Yes, please describe:

---

---

**C. Financial Impact**

Describe any financial losses or expenses you have incurred as a direct result of this crime. This may include medical bills, lost wages, property damage, stolen property, counseling costs, or other related expenses.

**Financial Losses (itemize if possible):**

Item/Service	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Estimated Financial Loss:</b>	_____

**D. Other Impacts**

Describe any other ways this crime has affected your life, such as changes in employment, education, social relationships, or overall quality of life.

---

---

---

---

---

**V. SENTENCING CONSIDERATIONS**

Please provide any input you wish the court to consider during sentencing. This may include your thoughts on appropriate punishment, restitution, or any other conditions you believe are necessary.

---

---

---

---

---

---

**VI. ATTACHMENTS**

Are you attaching any documents to support this statement (e.g., medical records, bills, photographs)?

Yes  No

If Yes, please list the attached documents:

---

---

**VII. VERIFICATION**

I declare under penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**VIII. FOR COURT USE ONLY**

Court Clerk Stamp:

---

---

---

---

---