

# VICTIM IMPACT STATEMENT

Victim Name \_\_\_\_\_  
Defendant Name \_\_\_\_\_  
DA # \_\_\_\_\_

If the Defendant is found guilty or pleads guilty to the criminal offense for which you are a victim, this form will assist the court in understanding how the crime has affected you. The Victim Impact Statement will be submitted to the court at the time of sentencing and will be copied to the defendant (defendant's attorney) upon receipt. Filling this out is not required by highly encouraged.

1. Describe how this crime has affected you, your family, or your business. Include comments about your emotional well-being and any sustained physical or psychological effects you may be experiencing.

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2. Describe how this incident may have changed your lifestyle or your family's lifestyle. Explain what changes, if any, have taken place.

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3. What do you feel would be an appropriate sentence for the Court to impose? Please be specific and include whether you favor jail time.

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4. Would you like to testify at the time of sentencing regarding your feelings about this crime?

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Victim Signature

Date