



VICTIM IMPACT STATEMENT

DATE:

VICTIM NAME:

DEFENDANT NAME:

CRIME:

1. Please describe how this crime has affected you/your family/significant other.

2. What was the emotional impact of this crime on you/your family/significant other?

3. What was the financial impact of this crime on you/your family/significant other?

4. What was the physical impact of this crime on you/your family/significant other?

5. What concerns do you have, if any, about your/your family/significant others' safety and security?

6. Is there any other information you would like to share with the court regarding the offense, and how it affected you and your family?

Name:

Signature:

Date Statement Prepared:

Feel free to contact an advocate for assistance with this statement.