Victim Impact Statement

Case # _____ Defendant:_____

Name of Victim: _____

How has the crime affected you, and/or your family? What (if any) hardships have you and your family experienced as a result of this crime?
To assist you, we have provided some questions which may help you with your statement.

1. How has the crime affected you and your family's lifestyle or financially?
2. What are the short term and/or long term effects on you and/or your family?
3. Did you receive any injuries which required medical treatment?
4. Do you have an opinion regarding sentencing?
5. Do you feel the defendant is or will be a threat to you, your family or the community?

Signature: _____ Date: _____