VICTIM IMPACT STATEMENT

Violent Crime

UNITED STATES V. _____

CASE NO. _____

NAME: _____

Many people are more comfortable writing about their experiences.

For the following questions, feel free to attach additional sheets of paper if needed.

1. Mark the words or phrases that best describe your feelings and reactions to this crime.
PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS

Feelings

☐ Anger	☐ Guilt	☐ Anxiety	☐ Depression	☐ Unsafe	☐ Grief
☐ Fear	☐ Numbness	☐ Sad	☐ Scared	☐ Tense	☐ Confused

Experiences

☐ Nightmares	☐ Forgetfulness	☐ Fear the Defendant will return
☐ Trouble concentrating	☐ Uncontrolled crying	☐ Repeated memory of the crime
☐ Appetite change	☐ Want to be alone	☐ No trust in anyone
☐ Fear of being alone	☐ Family not as close	☐ Thoughts of suicide
☐ Lost job	☐ School stress	☐ Family stress

2. What would you like the judge to know about you and the impact of this crime?

3. Please describe below how members of your family have been affected by this crime?

4. Have you or members of your family received counseling or therapy? ☐ YES ☐ NO
If yes, please be certain to complete the attached financial statement.

5. What would you like to see happen to the person who committed the crime against you?

6. Is there anything else you would like the Judge before the defendant is sentenced?

Additional sheets of paper can be attached if necessary.

VICTIM IMPACT STATEMENT

Violent Crime Financial Statement

A. EXPENSES and DAMAGES

1. List property lost, destroyed or damaged and its value. (Wherever possible, attach supporting documents such as receipts, repair bills, etc.)

_____ $_____
_____ $_____
_____ $_____

2. List medical expenses relating to physical, psychiatric, or psychological care. (And again, attach supporting receipts)

_____ $_____
_____ $_____
_____ $_____

3. Physical/occupational therapy expenses: $_____

4. List lost income or wages: $_____

5. List miscellaneous expenses - transportation, child care, attorney fees, etc. (Please list type & amount)

_____ $_____
_____ $_____
_____ $_____

TOTAL LOSS: $_____

B. REIMBURSEMENT RECEIVED (Please attach receipts)

1. Property Insurance: $_____

2. Medical Insurance: $_____

3. Other (Please list source and amount)

_____ $_____
_____ $_____
_____ $_____

TOTAL REIMBURSEMENT: $_____