UNITED STATES v. _____

COURT DOCKET NUMBER: _____

VICTIM IMPACT STATEMENT

VICTIM NAME: _____

Completing this form is optional and the questions serve as a guide for potential issues that you and/or your family may have encountered as a result of the offense. Please feel free to draft a letter or submit a Victim Impact statement another way instead of using this form.

How have you and/or members of your family been affected by this crime?

Have you or members of your family received counseling as a result of this crime? Please explain.

Have you filed a civil suit against the defendant? If yes, please list the case name, court location, and docket number.

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VICTIM IMPACT STATEMENT

VICTIM NAME:

Were you hospitalized as a result of your illness? If so, for how long?

Have you suffered any long-term health effects from your illness?

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VICTIM IMPACT STATEMENT

VICTIM NAME:

If a victim consents, the court may also make restitution in services in lieu of money, or make restitution to a person or organization designated by a victim. If you are interested in this option, please explain.

If you have suffered any other expenses as a result of this crime, please list them below. Include such items as counseling, medical bills, lost income, necessary childcare, transportation, and other expenses incurred during your participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. Please be specific and attach an accounting or copies of receipts if possible.

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VICTIM IMPACT STATEMENT

VICTIM NAME: _____

Do you relate to people differently since the crime? Please explain

How has the crime affected you and/or your family's lifestyle? Please explain

Have you experienced any of the following reactions to this crime?
PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION.

☐ Anger	☐ Fear	☐ Repeated Memory of Crime
☐ Anxiety	☐ Grief	☐ Sleep Loss
☐ Appetite Change	☐ Guilt	☐ Uncontrolled Crying
☐ Chronic Fatigue	☐ Nightmares	☐ Unsafe
☐ Depression	☐ Numb	☐ Trouble Concentrating

Please describe any other reactions to the crime committed.

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Do you feel the defendant is or will be a threat to you, your family, or the community?

Yes ☐ No ☐, Please explain.

What else would you like the court to know about the defendant or your situation as a result of the crime?

Signature:

Printed Name:

Date:

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VICTIM IMPACT STATEMENT

VICTIM NAME: _____

CONFIDENTIAL - **For use by Probation Office Only**

United States v. _____

Case Number: _____

The address and telephone contact information provided below will only be provided to the presentence probation officer and the Department of Justice, to include the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and attorney for the defendant.

Printed Name: _____

Signature: _____

Address: _____

Phone: (hm) _____(wk) _____

Fax: _____E-Mail: _____