

VICTIM IMPACT STATEMENT

UNITED STATES v. _____

CASE NO. _____

NAME: _____

The following is necessary for the Restitution Order & if we need additional information:

Current Address: _____ Apt. # _____

City _____ State _____ Zip _____

Current Phone Number: _____ Email Address: _____

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

- | | | | | | |
|--------------------------------|-----------------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Guilt | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Numbness | <input type="checkbox"/> Sad | <input type="checkbox"/> Scared | <input type="checkbox"/> Tense | <input type="checkbox"/> Confused |

Experiences

- | | | |
|--|--|---|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble Concentrating | <input type="checkbox"/> Uncontrolled Crying | <input type="checkbox"/> Repeated memory of the crime |
| <input type="checkbox"/> Appetite Change | <input type="checkbox"/> Want to be alone | <input type="checkbox"/> No trust in anyone |
| <input type="checkbox"/> Fear of being alone | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> School stress | <input type="checkbox"/> Family stress |

Substantial Hardships

- | | |
|---|---|
| <input type="checkbox"/> Insolvent (unable to pay debts owed) | <input type="checkbox"/> Filed for Bankruptcy |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Lost Job |
| <input type="checkbox"/> Retirement Savings Depleted | <input type="checkbox"/> Delay in Retirement |
| <input type="checkbox"/> Had to Sell House | <input type="checkbox"/> House in Foreclosure |

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

5. What would you like to see happen in this case?

6. Is there anything else you would like the Judge to know before the defendant is sentenced?
Additional sheets of paper can be attached, if necessary.

VICTIM IMPACT STATEMENT**Financial Statement for Cases Involving Loss of Property****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 lost income or wages incurred (in support of criminal case only by assisting with investigation or prosecution) \$ _____

3. List miscellaneous expenses – transportation, childcare, attorney fees, etc.
(Please list type and amount incurred in support of criminal case only by assisting with investigation or prosecution)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL LOSS: \$ _____

B. REIMBURSEMENT RECEIVED

1. Other (Please list source, amount and attach receipts):

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REIMBURSEMENT: \$ _____