



VICTIM IMPACT STATEMENT

The following are guidelines for writing about how your life has been affected by the crime. Do not feel restricted by the questions or the format of this document. If you prefer, you may write a letter using your own stationery as well as use additional paper.

UNITED STATES v. _____ CASE# _____

YOUR NAME: _____ DATE: _____

1. Mark the words or phrases that best describe your feelings and reactions to this crime.

Feelings:

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

Experiences:

- | | |
|---|--|
| <input type="radio"/> Nightmares | <input type="radio"/> School / work stress |
| <input type="radio"/> Trouble concentrating | <input type="radio"/> Fear the Defendant will return |
| <input type="radio"/> Appetite change | <input type="radio"/> Repeated memory of this crime |
| <input type="radio"/> Fear of being alone | <input type="radio"/> Loss in trust for others |
| <input type="radio"/> Lost job | <input type="radio"/> Thoughts of suicide |
| <input type="radio"/> Forgetfulness | <input type="radio"/> Family stress |
| <input type="radio"/> Uncontrollable crying | <input type="radio"/> _____ |
| <input type="radio"/> Want to be alone | <input type="radio"/> _____ |
| <input type="radio"/> Family not as close | <input type="radio"/> _____ |

2. What would you like the judge to know about you?

3. How has this crime affected you and those close to you?

4. Have you or others close to you received counseling or therapy?

- Yes (*please complete attached financial statement*)
- No

5. How has your life changed since this crime occurred?

E.g.: your ability to attend or perform your work, run a household, attend school, or enjoy any other activities you previously performed.

6. Do you have any safety concerns right now?

7. Did this crime have a financial impact on you or your family?

If so, please complete attached financial statement.

FINANCIAL STATEMENT:

Wherever possible, attach supporting documents such as receipts, repair bills, etc.

A. EXPENSES and DAMAGES

1. List property lost, destroyed or damaged and its value.

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

2. List medical expenses relating to physical, psychiatric, or psychological care.

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

3. Physical/occupational therapy expenses:

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

4. List lost income or wages:

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

5. List miscellaneous expenses - transportation, child care, attorney fees, etc.

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

TOTAL LOSS: \$ _____

B. REIMBURSEMENT RECEIVED (Please attach receipts)

- | | |
|--|----------|
| 1. Property Insurance: | \$ _____ |
| 2. Medical Insurance: | \$ _____ |
| 3. Other (Please list source and amount) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL REIMBURSEMENT: \$ _____