

**VICTIM IMPACT STATEMENT
VICTIM/WITNESS JUVENILE DIVISION
JUVENILE CASE NO:
DATE: _____**

Name of Victim: _____ Date of Birth: _____

Victim Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home) _____ Phone # (Work or Cell) _____

Name of Person Completing Statement: _____

Relationship to Victim: _____

Please describe the incident in which you were involved: _____

Did you know the juvenile at the time of the incident? If yes, please describe your relationship with him/her: _____

Do you fear retaliation from the juvenile? If yes, please explain: _____

As a result of the incident, were you physically injured? If yes, please describe the extent of your injuries: _____

Please describe any medical treatment received and the length of time it is/was required: _____

Were you psychologically injured as a result of the incident? If yes, please describe the psychological impact on you and your family: _____

Will you be filing an insurance claim? If yes, please list deductible and co-pay amounts, and any portion not paid by insurance: _____

What is your total out-of-pocket expense for medical and/or property damage? Please attach documentation (copies of bills, receipts, or estimates reflecting the amount of loss):

Do you have any thoughts or suggestions on the sentence that the Court should impose, such as, no contact with you or your family, community service, probation, or incarceration (how long)? _____

COMMENTS: _____

Please feel free to add any additional comments on the back of this page or on another sheet of paper.

I SWEAR OR AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____