

WASHINGTON COUNTY VICTIM ASSISTANCE

VICTIM IMPACT STATEMENT

Victim: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Reference: \_\_\_\_\_ Case #: \_\_\_\_\_

Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

- Briefly describe the crime committed against you. (Add additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* Please list any financial hardships incurred as a result of this incident. Please attach copies of bills, receipts, estimates, etc.

Medical expenses	\$ _____	Property Loss (please
Psychological	\$ _____	itemize).
Lost Wages	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
(Please describe)	_____	\$ _____
	_____	\$ _____

Did your insurance cover any part of the loss? \_\_\_\_\_ How Much? \_\_\_\_\_  
Please provide the name and phone number of your insurance company.

\_\_\_\_\_

- Please describe the extent of your injuries/losses (both physical and psychological impact).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- How has this incident changed your life? Have things changed with your family or friends? Has this incident affected your job performance or school work?

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- What would you like the Judge to take into consideration when determining the sentence of the defendant?

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- What would you like the punishment to be? (e.g. incarceration, probation, community service, counseling, etc.)

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- Do you wish to make a statement in court when the defendant appears for sentencing?

YES \_\_\_\_\_ NO \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

