

PLEASE RETURN THIS FORM TO THE VICTIM ASSISTANCE PROGRAM AS SOON AS POSSIBLE.

VICTIM IMPACT STATEMENT
FOR VICTIMS OF JUVENILE OFFENDERS

IN THE MATTER OF: _____

DISPOSITION DATE: _____

Information provided on this form will assist the Court in understanding how this crime has affected you/your family. Please take the time to answer questions completely and honestly. If you need additional space, please attach addition paper. PLEASE USE INK OR TYPE YOUR ANSWERS. THANK YOU for your cooperation.

Victim's Name _____

Person Completing this statement if other than victim _____

Relation to Victim _____

Reason victim did not complete Statement _____

1. Briefly discuss the crime that was committed against you/your family. _____

2. Were you physically injured as a result of this crime? Yes No

Was medical treatment required for your injury? Yes No

If yes, explain the type of injury, the treatment involved, seriousness of the injury, and length of time to recover from the injury. _____

3. Were you/your family psychologically (emotionally) injured as a result of this crime? _____
If yes, explain how this injury affected you/your family. (Psychological injury may include change in attitude, feelings, fear, change in lifestyle, emotional problems, etc.)

4. Have you/your family received counseling because of this crime.? _____
If yes, list where you have been attending counseling, how often you attend, and how long you and your family will continue in counseling. _____

5. Has this crime affected your family relationships? YES NO
If yes, please explain _____

6. If you have had any expenses/economic loss because of this crime, use the columns below to list expenses. **Please attach copies of bill and receipts.**

Type of Expense	Amount of Expense At this time	Amount Paid by insurance
Medical/Hospital Treatment, Counseling Victim/Family, Funeral /Burial, Other	\$ _____	_____
_____	_____	_____
_____	\$ _____	_____
_____	_____	_____
Kind of Loss Property stolen, damaged, or destroyed (Place "R" after recovered stolen items and do not list value)	Value of Loss	Amount paid by Insurance
_____	\$ _____	_____
_____	_____	_____
_____	\$ _____	_____
_____	_____	_____
Any other Type of Loss	\$ _____	_____
_____	_____	_____
TOTAL AMOUNT OF LOSSES	\$ _____	

7. Discuss any other change in your personal welfare or other problems you or your family have experienced as a result of this crime. _____

8. Please discuss what court action you/your family would like to see taken with regard to the defendant. Do you think the defendant should have the opportunity to receive probation or should the defendant receive institution time? Please explain your answer. _____

Signature _____ Date _____