

Defendant's Name \_\_\_\_\_

## VICTIM IMPACT STATEMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

1. How do you feel about the person who hurt you? \_\_\_\_\_

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2. Was any part of your body hurt because of what happened? \_\_\_\_\_

If yes, what part? \_\_\_\_\_

3. Did you have to go to the doctor? \_\_\_\_\_

4. Have you talked to a counselor or therapist? \_\_\_\_\_

5. Did you know the person who did this to you? \_\_\_\_\_

How did you know him/her? \_\_\_\_\_

6. Do you think this person might do this to you again? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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7. Since this happened, how have you felt? \_\_\_\_\_

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8. Has this crime changed the way you feel about yourself and the way you live your life?

If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did you feel that your life was in danger because of this crime? \_\_\_\_\_

If yes, please tell why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is there anything special you would like the judge to say or do to the person who hurt you?

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

11. Is there anything else you would like to say about what happened? \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

VICTIM IMPACT STATEMENT PROVIDED BY:  
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