



VICTIM IMPACT STATEMENT

State vs:

Case No:

Charges:

Name of Victim:

Date of Birth: _____

Name of person completing this statement and your relationship to victim:
(if different from victim)

Explain the nature of any injuries you may have experienced as a result of this crime.

Describe the type and length of any medical treatment you required as a result of this crime.

Have you or members of your family sought counseling as a result of this crime? Yes _____

