



# VICTIM IMPACT STATEMENT

---

**VICTIM IMPACT STATEMENT:** Victims have the right to submit a Victim Impact Statement. The Victim Impact Statement is a written, detailed account of the emotional, physical, psychological, and financial impact the crime has had on the victims and family members. This document can be used to explain your feelings of loss, frustration, and fear. Only you can provide this vital information. The Victim Impact Statement has become a significant tool in the criminal justice process.

**VICTIM IMPACT INFORMATION.** To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. Please do not relate any information about the crime itself; those facts are available already in other reports.

**Victim's Name:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**EMOTIONAL/PSYCHOLOGICAL IMPACT.** Use this section to discuss your feelings about what has happened to you as a result of the crime and how it has affected your general well-being.

**Please check all the reactions you have experienced.**

- |                                                     |                                                   |                                               |
|-----------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Loss of sleep              | <input type="checkbox"/> Lack of concentration    | <input type="checkbox"/> Fear of strangers    |
| <input type="checkbox"/> Marital problems           | <input type="checkbox"/> Nightmares               | <input type="checkbox"/> Fear of being alone  |
| <input type="checkbox"/> Anger                      | <input type="checkbox"/> Loss of security/control | <input type="checkbox"/> No trust in anyone   |
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Cry more easily          | <input type="checkbox"/> Thoughts of suicide  |
| <input type="checkbox"/> Serious change in appetite |                                                   | <input type="checkbox"/> Job stress           |
| <input type="checkbox"/> Family not as close        | <input type="checkbox"/> Feelings of helplessness | <input type="checkbox"/> Depression           |
| <input type="checkbox"/> Want to be alone           | <input type="checkbox"/> School stress            | <input type="checkbox"/> Fear of leaving home |
| <input type="checkbox"/> Other _____                |                                                   |                                               |

---

**PHYSICAL INJURY.** Use this section to discuss what physical injuries or symptoms were suffered as a result of this crime. You may want to write about the extent of the injuries, how long your injuries lasted, and if you received and/or where you received medical treatment for your injuries. If more space is required, please use additional pages.

---

---

Indicate medical treatment received. Attach a doctor's statement if you wish.

- |                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Treated at the scene only | <input type="checkbox"/> Treated at medical center |
| <input type="checkbox"/> Hospitalized for ___ days |                                                    |
| <input type="checkbox"/> Other (Please explain):   |                                                    |
-

