VICTIM IMPACT STATEMENT

Defendant(s) Name: _____

Many people find it hard to talk about what has happened but are more comfortable writing about their experiences.

- 1. What is your name?
- 2. How old are you?

3. If you attend school, what grade are you in?

For the following questions, feel free to attach additional sheets of paper if needed.

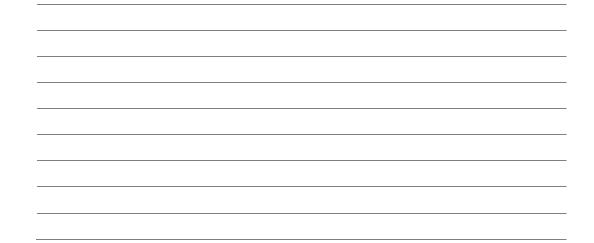
4. Mark the words or phrases that best describe your feelings and reaction to this crime.

PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS TO HAVE.

Feelings

□ Anger	□ Guilt		□ Anxiety	y	□ Depression	Unsafe
□ Fear	□ Sad	□ Tense	🗆 Numbn	ess	□ Scared	\Box Confused
Experiences						
□ Nightmares		□ Forgetfulness		\Box Fear the Defendant will return		
🗆 Lost Job		□ Uncontrolled crying		□ Trouble concentrating		
□ Family stress		\Box Want to be alone		\Box Repeated memory of the crime		
□ School stress		\Box No trust in anyone		□ Thoughts of suicide		
□ Appetite change		□ Fear of being alone		□ Family not as close		

5. What would you like the judge to know about you and what has happened?



6. What would you like to see happen to the person who committed the crime against you? 7. Is there anything else you would like to share?