



CONFIDENTIAL

VICTIM IMPACT CONTACT INFORMATION
CONFIDENTIAL INFORMATION SHEET

OFFENSE INFORMATION: To be completed by the Victim Assistance Coordinator.

Offense:		Offense Date:
Defendant:		
County:	Case No.:	Division: I or II

Please complete the following information. This information will be used only by our office to contact you throughout the process. IF YOU MOVE OR CHANGE ANY OF YOUR CONTACT INFORMATION, PLEASE CALL OUR OFFICE TO ADVISE OF SUCH.

Victim's Name:		
Date of Birth:	Age:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Person Submitting this Information:		Relationship to Victim:

Please provide the contact information of someone who will always know how to reach you.

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

Signature: _____

Date: _____

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VICTIM IMPACT STATEMENT

OFFENSE INFORMATION: To be completed by the Victim Assistance Coordinator. ↓

Offense:		Offense Date:
Defendant:		
County:	Case No.:	Division: I or II

The information in this statement will show the impact the crime has on the victim, the parents, guardians or close relative of the victim or other family members of the victim. It may be used at each phase of the criminal justice process: from the prosecution of the offense to incarceration. **Please answer only as many questions as you wish.** If you need more space, feel free to use additional sheets of paper and attach them to this Victim Impact Statement.

Victim's Name: _____

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.

- Loss of sleep
- Nightmares
- No trust in anyone
- Serious change in appetite
- Depression
- Other: (Please explain.) _____
- Lack of concentration
- Fear of being alone
- Anxiety
- Job stress
- Want to be alone
- Fear of strangers
- Anger
- Cry more easily
- Family not as close
- School stress
- Marital problems
- Loss of security/control
- Thoughts of suicide
- Feelings of helplessness
- Fear of leaving home

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.

- Treated at the scene only
- Treated at medical center
- Hospitalized for _____ days
- Other: (Please explain.) _____

ECONOMIC LOSS. Use this section to record the extent of economic and financial loss as a result of this crime. You may want to begin a journal of economic loss as soon as possible after the crime occurred. In the event of a conviction, this information may be used later to determine any **restitution owed by the defendant.**

