

# VICTIM IMPACT FORM

**TO BE COMPLETED BY A VICTIM OR FOR A VICTIM BY A FAMILY MEMBER OR ATTORNEY  
RETURN THIS FORM TO THE SOLICITORS OFFICE**

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## VICTIM'S INFORMATION

TODAY'S DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INCIDENT DATE/TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_

HOME #: \_\_\_\_--\_\_\_\_--\_\_\_\_ WORK #: \_\_\_\_--\_\_\_\_--\_\_\_\_ CELL #: \_\_\_\_--\_\_\_\_--\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

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## DEFENDANT'S INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_--\_\_\_\_--\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_

HOME #: \_\_\_\_--\_\_\_\_--\_\_\_\_ WORK #: \_\_\_\_--\_\_\_\_--\_\_\_\_ CELL #: \_\_\_\_--\_\_\_\_--\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

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**YOUR RELATION WITH DEFENDANT (PLEASE CHECK THE APPLICABLE BOX)**

- PRESENT SPOUSE       FORMER SPOUSE       YOUR PARENT  
 PARENT OF YOUR CHILD       STEP-PARENT       FOSTER PARENT  
 CHILD       STEP-CHILD       FOSTER CHILD  
 BOYFRIEND/GIRLFRIEND       BROTHER/SISTER       FIANACE'  
 NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD OR FORMERLY LIVED IN HOUSEHOLD

**ADDITIONAL INFORMATION**

A.) DID YOU GO TO THE POLICE STATION FOR THIS INCIDENT, OR DID THE POLICE COME TO THE LOCATION OF THE INCIDENT? \_\_\_\_\_

OFFICER'S NAME YOU SPOKE WITH AND AGENCY: \_\_\_\_\_

\_\_\_\_\_

B.) IF SOMEONE CALLED 911, PLEASE IDENTIFY THE PERSON WHO PLACED THE CALL:

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

C.) DID ANY CHILD/CHILDREN WITNESS, OR WAS IN THE SAME LOCATION OF THE INCIDENT? \_\_\_\_\_

IF YES, PLEASE LIST THE NAME(S), AGE(S), AND RELATION TO YOU AND DESCRIBE HOW THIS INCIDENT HAS AFFECTED THEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D.) WERE YOU PHYSICALLY INJURED? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_ ABUSIVE LANGUAGE

\_\_\_ SEXUAL ABUSE

\_\_\_ THREATS

\_\_\_ BROKEN BONES

\_\_\_ GUN/KNIFE WOUNDS

\_\_\_ SUPERFICIAL INJURIES

\_\_\_ THEFT

\_\_\_ PROPERTY DAMAGE

IF YES, PLEASE DESCRIBE THE EXTENT OF THE INJURY, AND HOW SERIOUS AND HOW LONG THE INJURY LASTED OR WILL LAST: \_\_\_\_\_

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E.) DO YOU HAVE A CRIMINAL RECORD? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, PLEASE LIST THE DATE(S), CHARGE(S), CONVICTION(S): \_\_\_\_\_

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F.) ARE YOU CURRENTLY ON PROBATION? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, PLEASE LIST YOUR PROBATION OFFICER'S NAME, LOCATION AND PHONE NUMBER: \_\_\_\_\_

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G.) PLEASE INDICATE THE TOTAL NUMBER OF PREVIOUS INCIDENTS OR COMPLAINTS AGAINST THE DEFENDANT WITH YOU OR WITH ANYONE ELSE?

\_\_\_ 0-5 \_\_\_ 6-10 \_\_\_ UNKNOWN IF YOU KNOW OF ANY, PLEASE BRIEFLY DESCRIBE:

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H.) DO YOU KNOW OF ANY PAST OF PRESENT COURT ORDERS AGAINST THE DEFENDANT WITH YOU OR ANYONE ELSE? \_\_\_\_\_ IF YES, PLEASE DESCRIBE IT/THEM: \_\_\_\_\_

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I.) WOULD YOU LIKE THE DEFENDANT TO BE RESTRICTED FROM HAVING CONTACT WITH YOU IN THE FUTURE? \_\_\_\_\_ NO \_\_\_\_\_ YES

WOULD YOU LIKE THE DEFENDANT TO BE RESTRICTED FROM HAVING CONTACT WITH YOUR CHILDREN? \_\_\_\_\_ NO \_\_\_\_\_ YES

J.) DO YOU HAVE OR KNOW OF ANY EVIDENCE THAT MAY BE OF USE IN PROSECUTING THIS CASE? \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES PLEASE PROVIDE A DESCRIPTION AND LOCATION.

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K.) HAS THIS CRIME AFFECTED YOUR DAILY ACTIVITIES: \_\_\_\_\_ NO \_\_\_\_\_ YES IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION.

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L.) WHAT TYPE OF SENTENCE WOULD YOU LIKE TO SEE IN THIS CASE?

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M.) WOULD YOU LIKE TO BE PRESENT FOR ANY COURT PROCEEDINGS? \_\_\_\_ NO \_\_\_\_ YES  
IF YES, PLEASE INITIAL THE APPLICABLE BOXES IF YOU WOULD LIKE TO RECEIVE NOTIFICATION.

\_\_\_ ANY SCHEDULED COURT PROCEEDINGS INVOLVING THE ACCUSED AND NOTICE OF ANY CHANGES TO THAT SCHEDULE.

\_\_\_ IF THE ACCUSED IS CONVICTED, ANY APPEAL OR MOTION FOR A NEW TRIAL.

\_\_\_ IF THE ACCUSED IS CONVICTED, TIME AND PLACE OF ANY APPELLATE COURT PROCEEDINGS RELATING TO AN APPEAL OR MOTION FOR A NEW TRIAL AND ANY CHANGES TO THE TIME AND PLACE OF SUCH A PROCEEDING.

\_\_\_ IF THE ACCUSED IS CONVICTED, THE RESULT OF ANY APPEAL OR MOTION FOR NEW TRIAL.

\_\_\_ IF THE ACCUSED IS CONVICTED AND THEN GRANTED A NEW TRIAL, OR IF THE CASE IS RETURNED TO THE TRIAL COURT FOR ANY FURTHER PROCEEDINGS, THE TIME AND PLACE OF ANY SUCH PROCEEDINGS, INCLUDING ANY CHANGES TO THE TIME AND PLACE OF ANY SUCH PROCEEDINGS.

N. ARE THERE ANY OTHER CHANGE(S) IN YOUR PERSONAL WELFARE OR OTHER PROBLEM(S) YOU OR YOUR FAMILY HAVE EXPERIENCED BECAUSE OF THE INCIDENT? \_\_\_\_ NO \_\_\_\_ YES

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS STATEMENT IS SIGNED AND AFFIRMED AS TRUE UNDER THE PENALTIES OF PERJURY.

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING THIS FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATION TO VICTIM, IF NOT COMPLETED BY VICTIM: \_\_\_\_\_

REASON VICTIM UNABLE TO COMPLETE FORM: \_\_\_\_\_

