

## Judgment and Sentencing - Victim Impact Statement

Date: \_\_\_\_\_ Advocate: \_\_\_\_\_

Defendant: \_\_\_\_\_ Citation or Case Number: \_\_\_\_\_

Victim: \_\_\_\_\_ Victim Phone Number: \_\_\_\_\_

A. Please be advised, your statement informs the Court how this incident has affected you emotionally, physically, and financially. Your statement should address the Court and not the Defendant. You may include information of any medical appointments, counseling appointments, and/or any out-of-pocket expenses you have experienced or will continue to experience due to this incident. Please write your statement below. You may attach additional pages if needed.

B. What type of sentence do you wish the defendant to receive? Please be specific, i.e., maximum jail time, minimum or no jail time, community service, counseling, probation, no alcohol order, no contact/stay away order:

C. Will you be requesting restitution in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No