

DEFENDANT NAME	Internal Use Only FILE NO.
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VICTIM IMPACT STATEMENT

INSTRUCTIONS: This form will allow the sentencing Judge and the Prosecutor to know your feelings about being the victim of a crime and how the crime has affected you. Please complete the information requested and forward to the Victim Assistance Coordinator in the office that is handling your case.

CONTACT INFORMATION: This information will be used throughout the prosecution to communicate with you regarding updates and notifications. If you move, or change telephone numbers, please notify our office.

Victim's Full Name: _____

DOB: _____ SSN: _____

Current Street Address: _____

City, State, and Zip: _____

Mailing Address: _____

City, State, and Zip: _____

Home Phone: () _____

Other Contact Numbers: _____
(Pager, Cellphone, etc.)

E-Mail Address: _____

Place of Employment: _____

Work Phone: () _____

Other contact who will know how to reach you at all times:

Name: _____

Address: _____

Phone: () _____

Please complete the following pages to the best of your ability. If you need additional space, feel free to attach extra pages. Once completed, please forward this information to the DA's Office that is handling your case.

Sherri Franks, Victim Assistance Coordinator
District Attorney's Office
365 Loshier Street, Suite 210
Hernando, MS 38637
Phone: (662) 429-1374
Fax: (662) 429-5404

Ida Bryan, Victim Assistance Coordinator
District Attorney's Office
P. O. Box 1635
Batesville, MS 38606
Phone: (662) 563-6636
Fax: (662) 563-6652

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Victim's Personal Reaction: Express your feelings about how being the victim of this crime has affected you personally and those around you.

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Victim's Physical Injury: Explain any injuries you sustained as a result of this crime and any treatment you received. Please attach copies of bills for medical treatment you have incurred as a result of this crime. Also include information about whether or not you continue to receive treatment.

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Victim's Property Loss: List any property that was damaged, destroyed, or lost and the value of that property. Attach copies of bills or estimates for repair.

Amount reimbursed by insurance, if any: \$ _____

Deductible amount: \$ _____

Amount of Restitution you are requesting: \$ _____

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What are your thoughts regarding the sentence the Court should impose upon the Defendant(s)?

I swear that the above statements made herein are true and correct to the best of my knowledge.

Signature

Date

If you are completing this form for someone else, please complete the following:

Your Name

Relationship to Victim