

Victim Information And Impact Statement

Your name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Place of Employment: _____

Defendant's Name: _____

___ I would like for you to notify me so I may be present at the sentencing of the defendant. I have enclosed a self-addressed stamped envelope.

___ I waive my right to be present at sentencing but would like to submit my Victim Impact Statement for the record.

Signature

Victim Impact Statement

Please state what impact the crime has had on your life or family:

Your suggestion as to an appropriate punishment:
