VICTIM IMPACT STATEMENT

State v.

Court #:

VICTIM IMPACT INFORMATION To be completed by the victim, parent/guardian or close relative of the victim.
Please give any other information you believe is important about the effect of this crime on you and your family.
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

***NOTICE ***

This information may be provided to the defendant and their attorney.

Do NOT relate any information about the crime itself.

Victim's Name: The information in this Victim Impact Statement is true and correct to the best of my knowledge.
Print Name Date
Signature Information submitted by: ☐ Victim ☐ Parent/Guardian ☐ Close Relative ☐ Other_____

YOUR INPUT IS IMPORTANT

What do you think should be included as part of the plea offer/sentence in this case.
Please ☑ all recommendations for the prosecution to consider including in the plea offer being made.

Community Service		Probation		Drug Court		Counseling for Defendant	
No contact order		Restitution		Jail sentence		Nothing	
Other:						I would like the charges dropped	

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

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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 ☐ Hospitalized for ___ days	☐ Treated at medical center ☐ Other (Please explain)

Itemized Property Loss and Damage

Stolen property NOT recovered:	Value:	Receipt Attached?	
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO
TOTAL (Use addit'l pages if needed):			

Recovered stolen property:	

Damaged property that needs repair:	Repair Cost:	Receipt Attached?	
		YES	NO
		YES	NO
		YES	NO
		YES	NO
		YES	NO
TOTAL (Use addit'l pages if needed):			

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 by the presiding judge to determine any restitution owed by the defendant.

Estimate of Economic Loss	Cost to Date	Future Expected Costs
Loss of income from work	$	$
Doctor/hospital bills	$	$
Counseling expenses	$	$
Emergency transportation	$	$
Crime scene cleanup	$	$
Moving expenses	$	$
Funeral expenses (If applicable)	$	$
Other:	$	$
Amount covered by insurance	$	$

Insurance Name:			
Address:			
Agent Name:		**Policy #:**	
Agent Phone:		**Claim #:**	

Attach copies of receipts, bills, and canceled checks. Are copies attached? ☐ Yes ☐ No

Have you applied for Crime Victims' Compensation through the Attorney General's Office? ☐ Yes ☐ No

If not, you may apply at http://doj.nh.gov/victim/compensation.html **Claim Number #:**

Failure to provide supporting documentation of losses may result in the court not including restitution as part of any imposed sentence.